

**TRAVEL REQUEST FORM
PITTSBURG STATE UNIVERSITY**

- In-State
 Out-of-State

Business Office Use Only	
Request Number _____	_____
Date _____	_____

Permission is hereby requested for official travel of:

_____ (Name) _____ (Title) _____ (Department/Unit)

For the Purpose of:

(Please do not use abbreviations for meetings or organizations)

Destination 1 _____ (City) _____ (State)
 Destination 2 _____ (City) _____ (State)
 Destination 3 _____ (City) _____ (State)

Dates of Official Business: Beginning _____ Ending _____
 (MM/DD/YY) (MM/DD/YY)
 Beginning _____ Ending _____
 (MM/DD/YY) (MM/DD/YY)
 Dates of Personal/Unofficial Business: Beginning _____ Ending _____
 (MM/DD/YY) (MM/DD/YY)

Travel Expense Estimate:	COMPLIANCE TO PSU TRAVEL POLICIES WILL BE REVIEWED WITH REIMBURSEMENT	
		Registration: _____
		*Airfare: _____
		*Other Transportation: _____
		**Car Rental: _____
_____ Miles (round trip) x _____ Mileage Rate _____		Mileage: _____
_____ # of nights x _____ Rate per Night _____		Lodging: _____
_____ # of quarters** x _____ Rate per Qtr. _____		***Meals: _____
	Less: Any expenses included in registration fees:	_____
*Traveler is expected to utilize the most cost effective form of transportation.	Other: _____	_____
**Only used if less expensive than public transportation, taxis, and shuttles	Total Estimate: _____	_____
***Do not include the quarter when employee returned		_____
Please provide written justification for Car Rental in the space provided below.		

Funding Sources:			
Unit	Unit Name	Signature of Authorized Person	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Unfunded travel expenses covered by Traveler			_____
Total Funded:			_____

REQUIRED Departmental Contact Information:
For questions regarding this travel request, please contact: Name: _____ Phone Number: _____ E-Mail Address: _____

Signature of Traveler _____ (Date) _____

 2 (TWO) Signatures required below for travel estimates exceeding \$1,000

Signature of Traveler's CHAIR or Direct Supervisor _____ (Date) _____
 If Traveler is CHAIR-No signature here

Signature of DEAN _____ (Date) _____

Signature of VICE PRESIDENT _____ (Date) _____

Signature of PRESIDENT (if applicable) _____ (Date) _____

Please submit the original "Travel Request Form" with the appropriate signatures to the Business Office.
 If questions arise, please contact Business Office @ 235-4157

FORM IS FOR TRAVEL APPROVAL NOT COMPLIANCE