Travel Request

Name(s): ___________________.

Purpose of Travel: (If there is a meeting give time and dates of meeting.)

_________________________

Departure Time of Departure is from KCI--if different please specify place of departure below:

From: ___________ To: ___________

Date: ___________ Time: ___________

Return Time of Return is from destination airport--if different please specify below:

Date: ___________ Time: ___________

Transportation preferred to airport (circle one): (If you have to drive a personal car please explain why in “special instructions” section.)

Shuttle Motor pool Personal Car

Other: ___.

Transportation preferred from destination airport (circle one):

Shuttle Rental Car Other: ___.

Lodging needed? (circle one) Yes / No

Where: _______________.

Amount Per Night: ___________

Registration (need amount and what meals are Included). Contact me if you want to use the Departmental credit card to pay for this.

Registration: ___________

Meals Included: ___________

Special Instructions

For Office Use Only

Conf. # ___________ Traveler KAZ

Leaving

Airline # ___________ DOE

_________________________

_________________________

_________________________

________________________________ Amt. _______ Amt. _______

Return

Airline # ___________

_________________________

_________________________

_________________________

Transportation to Airport

Traveler KAZ

_________________________

_________________________

_________________________

________________________________ Amt. _______ Amt. _______

Transportation Destination

Traveler KAZ

_________________________

_________________________

_________________________

________________________________ Amt. _______ Amt. _______

Lodging

Traveler KAZ

_________________________

_________________________

_________________________

________________________________ Amt. _______ Amt. _______

Special Instructions: Traveler KAZ

_________________________

_________________________

_________________________

________________________________ Amt. _______ Amt. _______

TTL for Trip Direct TTL for Traveler TTL for Billing