

MURRAY STATE UNIVERSITY
Accounting & Financial Services
Travel Request Form

TA#:

DATE PREPARED _____ A&FS Approval _____ Date _____
 TO AVOID DELAYS: COMPLETE IN FULL, OBTAIN NECESSARY APPROVALS, AND RETAIN IN YOUR DEPARTMENT. A COPY OF THIS FORM MUST BE SUBMITTED WITH YOUR TRAVEL VOUCHER.

TRAVEL AUTHORIZATION FOR: EMPLOYEE STUDENT OTHER: _____	
PERSON REQUESTING TRAVEL _____ RESIDENCE ADDRESS _____ CITY STATE ZIP CODE _____ _____ _____ BANNER ID PHONE NUMBER M _____	MSU DEPARTMENTAL NAME _____ MSU DEPARTMENTAL ADDRESS _____ MSU PHONE _____

PURPOSE OF TRIP (Do not abbreviate organization names)

TRIP ITINERARY

DATE MM/DD/YY	DEPART FROM	DATE MM/DD/YY	RETURN TO

ESTIMATED COST OF TRIP (include all travel costs)

EXPENSE TYPE <small>List Payee for All Direct Bills</small>	ESTIMATED AMOUNT & METHOD OF PAYMENT			ESTIMATED COST
	MSU Pcard	DIRECT BILL TO MSU (not MSU Pcard)	TRAVELER CASH/ CREDIT	
AIRFARE				
MILEAGE				
LODGING				
MEALS				
OTHER				

Travel Request Form is for approval only. Payment documents must be submitted separately for trip expenditures. **Total Estimated Cost of Trip:** _____

APPROVAL & ACCOUNT ALLOCATION OF TRAVEL:

CHART	FUND	ORGANIZATION	ACCOUNT	PROGRAM		TRIP ALLOCATION
					ALL ACCOUNT MANAGERS FOR ACCOUNTS LISTED MUST SIGN BELOW	\$ _____
						\$ _____
						\$ _____
						\$ _____
						\$ _____
						\$ _____

TOTAL TRIP EXPENSE ALLOCATION: \$ _____

PERSON REQUESTING TRAVEL	DATE	DEAN / VP APPROVAL	DATE
CHAIR / DIRECTOR APPROVAL	DATE	ADDITIONAL APPROVAL (If Applicable)	DATE
		PRESIDENTIAL APPROVAL (If Applicable)	DATE