KING'S COLLEGE
Travel Request and Authorization

Employee: _____
Department Name: _____
Department Account #: _____

Purpose of Trip: _____
_____
Destination: _____
_____
Departure Date _____
Return Date _____

COST CALCULATION:

Transportation:						Account Number
Air _____	Bus _____		Rail _____		$_____	8205
Parking @ transport site					$_____	8205
Local mileage (RT) transport site	_____	# miles	_____	@ .40	$_____	8205
Personal car mileage	_____	# miles	_____	@ .40	$_____	8205
Local taxi/shuttle service					$_____	8205
Rental car					$_____	8205
Lodging (include taxes/fees)	_____	days @	_____	per day	$_____	8205
Meals (detailed receipts upon return)	_____	days @	_____	per day	$_____	8605
Registration Fees					$_____	8244
Other:						
_____					$_____	_____
_____					$_____	_____
_____					$_____	_____
Total Estimated Cost					$_____	
Maximum Reimbursement Authorized, if applicable					$_____	
Advance Request (limited to 90% of total) no earlier than 1 week before departure date.					$_____	

Funds are needed by _____

_____ _____
Signature of Employee* Date

* I agree that any advance request is a loan and that I am personally responsible for all monies advanced to me. If a travel advance is obtained and the trip is cancelled; all funds will be returned within 2 days of notice. Final reimbursement reconciliation is due within two weeks of return.

_____ _____
Depatment Chair Approval Date

_____ _____
AVP / VP Approval Date