**KING'S COLLEGE**

**Travel Request and Authorization**

| Employee: | __________________________________________________________ |
| Department Name: | __________________________________________________________ |
| Department Account #: | __________________________________________________________ |

**Purpose of Trip:**

________________________________________________________________________________________

________________________________________________________________________________________

**Destination:**

________________________________________________________________________________________

________________________________________________________________________________________

**Departure Date**

___________________________________

**Return Date**

___________________________________

**COST CALCULATION:**

<table>
<thead>
<tr>
<th>Transportation:</th>
<th>Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air</td>
<td>8205</td>
</tr>
<tr>
<td>Parking @ transport site</td>
<td>$__________ 8205</td>
</tr>
<tr>
<td>Local mileage (RT) transport site</td>
<td>_______ # miles _______ @ .40 $__________ 8205</td>
</tr>
<tr>
<td>Personal car mileage</td>
<td>_______ # miles _______ @ .40 $__________ 8205</td>
</tr>
<tr>
<td>Local taxi/shuttle service</td>
<td>$__________ 8205</td>
</tr>
<tr>
<td>Rental car</td>
<td>$__________ 8205</td>
</tr>
</tbody>
</table>

**Lodging (include taxes/fees):**

<table>
<thead>
<tr>
<th>days @</th>
<th>per day</th>
<th>$__________ 8205</th>
</tr>
</thead>
</table>

**Meals (detailed receipts upon return):**

<table>
<thead>
<tr>
<th>days @</th>
<th>per day</th>
<th>$__________ 8605</th>
</tr>
</thead>
</table>

**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.

__________________________

Department Chair Approval

Date

__________________________

AVP / VP Approval

Date