

KING'S COLLEGE
Travel Request and Authorization Form

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

Purpose of Trip: _____

Destination: _____

Departure Date _____
 Return Date _____

COST CALCULATION:

Transportation:	Bus _____	Rail _____	\$ _____	Account Number
Air _____			\$ _____	8205
Parking @ transport site			\$ _____	8205
Local mileage (RT) transport site	_____ # miles	_____ @	\$ _____	8205
Personal car mileage	_____ # miles	_____ @	\$ _____	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
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Other:

_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Total Estimated Cost	\$ _____
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Maximum Reimbursement Authorized, if applicable	\$ _____
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Advance Request (limited to 90% of total) no earlier than 1 week before departure date.	\$ _____
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Funds are needed by _____

_____ Signature of Employee*	_____ Date
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* 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
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_____ VP Approval	_____ Date
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