Request for International Travel

Traveler must complete this form and receive all approvals BEFORE incurring expenses related to the travel request.

Name: ______________________ Title/Rank: ______________________
EKU ID: ______________________ Department: ______________________
Campus Mailing Address: ____

Destination: ______________________________
Travel Dates: ______________________________
Purpose of Trip *(do not abbreviate)***:**
Click or tap here to enter text.

ESTIMATED Expenses	
Travel: Select one	$______
Lodging:	$______
Meals:	$______
Registration:	$______
Other: ______________	$______
TOTAL:	$______
LIMIT (if any):	$________

*Personal automobile not to exceed coach airfare; provide airfare quote for travel dates. If requesting a rental car, please attach justification.

Group Travel (For group travel, all applicable international travel requests should be submitted together.)

Does any portion of the trip include students and/or other faculty/staff? Select one.

IF YES, who is coordinating the group travel? ______________________________

NOTE: For group travel, the travel request must include a memo from the coordinator of the group travel that describes (1) the justification for group travel, (2) the number of EKU faculty/staff requesting to participate, (3) a list of all individuals planning to participate, and (4) the estimated total cost to EKU for the group travel.

Traveler: ______________________________			Date: __________
Supervisor: ______________________________			Date: __________
Financial Manager: ______________________________			Date: __________
	Org. Code: ________	Acct. Code: ________	Amount: $____________
Dean/Director: ______________________________			Date: __________
Education Abroad Director: ______________________ *(Travel that includes students should be approved by the Education Abroad Director before going to the Provost.)*			Date: __________
Executive VP for Academic Affairs & Provost: ______________________			Date: __________

Approved requests are forwarded to Accounting and copied to the traveler, the dean/director, and the Executive Director of Public Safety & Risk Management.

Additional Financial Manager(s) *(if applicable)*:			
Signature: ______________________________			Date: __________
	Org. Code: ________	Acct. Code: ________	Amount: $____________
Signature: ______________________________			Date: __________
	Org. Code: ________	Acct. Code: ________	Amount: $____________