

SPS Travel Support Request

(This Request must be approved before travel occurs. Attach a copy of your meeting or conference itinerary.)

Applicant Information

Applicant Name: _____
(Please Print)

I hereby certify this activity involves official university business and profession development related to the duties of my position.

Signature

Applicant Status (Please check): Faculty Staff Student *

**Note: If request is for student travel, a faculty signature for student authorization must accompany application.*

Travel Objective

Name of Event: _____
Location: _____

Event

Beginning Date of Travel: _____

End Date of Travel: _____

Name or Description of Meeting or Conference:

Purpose of Meeting or Conference: Research Presentation Professional Development

Other: _____

Rationale

(Please describe in detail how this event will support your teaching, research, professional development, or other).

TOTAL projected expenses for this activity				
Airfare (Office Coord. to attach 30-day flight information):		Lodging (Office Coord. to attach conference preferred rate sheet): WKU Travel Discounts		Registration (must use early registration discount):
Other Transportation*:		Other Expenses*:		Miscellaneous Expenses*:
Meals: Check here if one of more meals are included with hotel or event: <input type="checkbox"/> Number of Meals provided: ____ Breakfast ____ Lunch ____ Dinner			Personal Vehicle Used <input type="checkbox"/> (If >250 miles, attach justification) Rental Vehicle Needed <input type="checkbox"/> (Must attach justification)	
Estimated Meals for M & IE Calculations: Per Diem Breakdowns Per Diem Rates # ____ Breakfast \$ _____ # ____ Lunch \$ _____ # ____ Dinner \$ _____			TOTAL EXPENSES: \$	
<i>*Please provide information below as possible "Other Expenses", "Other Transportation", or "Miscellaneous Expenses" you are requesting.</i>				
If other WKU or external funding (e.g., RCP, QTAG, IYO, PD, or external grant) will support your attendance of this meeting, please list sources, Indexes, if known, and amounts:				
Event Website (Include complete URL): _____				
Office Use Only				
_____			\$ _____	
Date Submitted to Office Coordinator			Amount Approved by Dept. Head	

Dept. Head's Signature				
<i>(Must be signed before expenditures may be made for this activity)</i>				
Vendor & Date Registered		Actual Expense	Procard?	Posted to Banner? Date?
Conference Registration Date:		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Lodging Registration Date:		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Airline/Travel Registration Date:		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Final Total \$				