## **MURRAY STATE UNIVERSITY**

## Accounting & Financial Services Group Travel Request Form

TA#:

							A&FS Approval Date DELAYS: COMPLETE IN FULL, OBTAIN NECESSARY APPROVALS, AND SUBMIT TO ACCOUNTING &							
							E SEVEN WORKING DAYS PRIOR TO TRIP							
EMPLOYEE REQUESTING TRAVEL ADVANCE							MSU DEPARTMENTAL NAME							
RESIDENCE ADDRESS						MSU DEPARTMENTAL ADDRESS							MSU PHONE	
CITY		STA	TE ZIP CO	DDE										
BANNER ID PHONE NUMBER							REQUESTED AMOUNT OF ADVANCE: \$							
M			(Cannot exceed total cash estimate below)											
GROUP DE	GROUP DESCRIPTION													
PURPOSE (	PURPOSE OF TRIP (Do not abbreviate organization names)													
TRIP ITINERARY														
DATE	DATE DEPART FROM						DATE RETURN TO							
MM/DD/Y	1			4	MM/DI	J/YY								
ESTIMATED	COST OF TRIP													
EXPENSE TYPE							AMOU	NT & METHO	D OF PAYM	ENT				
LAFENSE TIFE					F		7	DIRECT BILL TO MSU (not				ESTIMATED COST		
List Payee for All Direct Bills			i				RD	on Pcard)			CASH			
AIRFARE	AIRFARE													
MILEAGE														
LODGING														
MEALS														
OTHER														
OTHER		+												
OTHER														
		+												
OTHER														
					Total Cash	n Estimate:								
Total Estimated Cost of Trip:														
CHART	& ACCOUNT ALLOCAT		IZATION	/EL ACCOUNT		PROGRAM	1					TRIP	ALLOCATION	
<u> </u>	-							1						
												\$		
									ALL ACCOUNT					
								MANAGERS FOR				\$		
						ACCOUNTS LISTED MUST					IUST	\$		
					SIGN BELOW				<b></b>					
												\$		
												\$		
												,		
							TOTA	AL TRIP EXF	'ENSE AL	LOCATIO	UN:	\$		
MUST EQUAL ADVANCE														
Α	anual a durant non the	a Hebro - 21	u ahii ii	40.4be 1	_	and the state of	. al.	A.T	11/2	Faw	.a.l		STED ABOVE	
	ravel advance represents nded amount of the advan													
within tw	<b>o weeks</b> after the return on the advantage of the return													
EMPI OVE	E REQUESTING TRAVEL	DEAN / VP APPROVAL DATE												
	L.L.QUEUTINO HAVEE			DATE		DEAN	, vi AF	· NOVAL					DATE	
QUAID (DIDECTOR ADDROVA)														
CHAIR / DIRECTOR APPROVAL DATE						ADDITIONAL APPROVAL (If Applicable)  DATE								
					<u> </u>	BANK	TC	DISCOUNT	EC 10	199 DL	JE DATE	ENC REF #	VOUCHER#	
									<del>                                     </del>	<u> </u>				
RECEIPT SIGNATURE DATE					_									