

MURRAY STATE UNIVERSITY
Accounting & Financial Services
Travel Request Form

TA#:

DATE PREPARED

A&FS Approval

Date

TO AVOID DELAYS: COMPLETE IN FULL, OBTAIN NECESSARY APPROVALS, AND RETAIN IN YOUR DEPARTMENT. A COPY OF THIS FORM MUST BE SUBMITTED WITH YOUR TRAVEL VOUCHER.

TRAVEL AUTHORIZATION FOR:
EMPLOYEE STUDENT OTHER:

PERSON REQUESTING TRAVEL

RESIDENCE ADDRESS

CITY STATE ZIP CODE

BANNER ID PHONE NUMBER
M

MSU DEPARTMENTAL NAME

MSU DEPARTMENTAL ADDRESS MSU PHONE

PURPOSE OF TRIP (Do not abbreviate organization names)

TRIP ITINERARY

DATE MM/DD/YY	DEPART FROM	DATE MM/DD/YY	RETURN TO

ESTIMATED COST OF TRIP (include all travel costs)

EXPENSE TYPE List Payee for All Direct Bills	ESTIMATED AMOUNT & METHOD OF PAYMENT			ESTIMATED COST
	MSU Pcard	DIRECT BILL TO MSU (not MSU Pcard)	TRAVELER CASH/ CREDIT	
AIRFARE				
MILEAGE				
LODGING				
MEALS				
OTHER				
OTHER				
OTHER				
OTHER				

Travel Request Form is for approval only. Payment documents must be submitted separately for trip expenditures .

Total Estimated Cost of Trip:

APPROVAL & ACCOUNT ALLOCATION OF TRAVEL:

CHART	FUND	ORGANIZATION	ACCOUNT	PROGRAM	ALL ACCOUNT MANAGERS FOR ACCOUNTS LISTED MUST SIGN BELOW	TRIP ALLOCATION
						\$ <div></div>
						\$ <div></div>
						\$ <div></div>
						\$ <div></div>
						\$ <div></div>

TOTAL TRIP EXPENSE ALLOCATION: \$

PERSON REQUESTING TRAVEL

DATE

DEAN / VP APPROVAL

DATE

CHAIR / DIRECTOR APPROVAL

DATE

ADDITIONAL APPROVAL (If Applicable)

DATE

PRESIDENTIAL APPROVAL (If Applicable)

DATE

PLEASE RETAIN A COPY FOR YOUR RECORDS