MURRAY STATE UNIVERSIT Y Accounting & Financial Services

Accounting & Financial Services Travel Request Form

TA#:

DATE PREPARED A&FS Approval COMPLETE IN FULL, OBTAIN NECESSARY APPROVALS, AND RETAIN IN YOUR DEPARENCE. BE SUBMITTED WITH YOUR TRAVEL VOUCHER.							Date COPY OF THIS FORM MUST	
TRAVEL AUTHO	ORIZATION FOR:			1				
EMPLOY	EE STUDENT	OTHER:						
PERSON REQU	ESTING TRAVEL			MSU DEPARTMENTA	L NAM E			
RESIDENCE ADDRESS				MOU DED A DEMENTA			MOU BUONE	
RESIDENCE ADDRESS				MSU DEPARTMENTA	J DEPARTMENTAL ADDRESS MSU PHONE			
CITY STATE ZIP CODE								
BANNER ID PHONE NUMBER								
M								
PURPOSE OF TRIP (Do not abbreviate organization names)								
TRIP ITINER	RARY			DATE			1	
MM/DD/YY	DEPART FROM			MM/DD/YY		RETURN TO		
ESTIMATED COST OF TRIP (include all travel costs)								
EXPENSE TYPE				ESTIMATED	TED AMOUNT & METHOD OF PAYMENT DIRECT BILL TO MSU (not TRAVELER ESTIMATED COST			
List Payee for All Direct Bills			MSU Pcard	DIRECT BILL TO MSU (not MSU Pcard)	TRAVELER CASH/ CREDIT	ESTIMATED COST		
OTHER								
OTHER								
OTHER	T 15 15 1							
Travel Request Form is for approval only. Payment documents must be submitted separately for trip expenditures .								
APPROVAL & ACCOUNT ALLOCATION OF TRAVEL:								
CHART	FUND		ACCOUNT					
						\$		
						Ψ		
						\$		
						\$		
						\$		
						\$		
TOTAL TRIP EXPENSE ALLOCATION: \$								
PERSON REQUESTING TRAVEL								
CHAIR / DIRECTOR APPROVAL ADDITIONAL APPROVAL (If Applicable)								
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PDECIDENTIAL APPROVAL WALLEY								
PRESIDENTIAL APPROVAL (If Applicable)								