



Travel Request Form

Date _____

Name _____

From/Origin _____ To/Destination _____

Dates of Travel _____ - _____

Purpose of trip (Do not abbreviate organizational names.)

*Attach copy of abstract for the event.

Estimated Expenses	Amount
Airfare	
Food	
Lodging	
Registration Fee	
Transportation	
Other	
Other	

Approval Signature (Dr. Kim Anderson)

Date

Turn completed form with **abstract** to Dr. Kim Anderson at 163C FPAT for approval.
 Questions? Email igert@enr.uky.edu

After Dr. Kim Anderson has approved travel, please work with Erin Pyrek to have lodging, airfare, or registration fees paid in advance.