

Graduate Center for Gerontology

University of Kentucky

REQUEST FOR AUTHORIZATION OF TRAVEL

NAME OF PERSON TRAVELING	S.S. NO.

Departure Date _____

Return Date _____

ESTIMATED EXPENSES	Estimated Amount to Be Paid by Procurement Card	Estimated Amount to Be Paid by Employee
Total		

From (Origin) _____ To (Destination) _____

Purpose of trip (Cite benefit to Center. Do not abbreviate organizational names) _____

Will a registration fee be prepaid by Procurement Card? _____

By DAV? _____

Method of conveyance: State Vehicle Personal Auto Airplane Commercial State

Charter Personal Other Explain Other _____

Reviewed By: _____