

# ADMINISTRATIVE SUPPORT CENTER

## TRAVEL REQUEST DOCUMENT

This form is used for Department Head approval and ASC travel notice.

Traveler:	Title:	Department:
Event:	Destination:	
Leave & Return Date:	Event Dates:	
Event Description:		

Responsible  
Party for  
Reservation

	No. Days/Nights	Estimated Cost	Total Estimated	ASC	Self
Registration Fees				<input type="checkbox"/>	<input type="checkbox"/>
Lodging			Total incl estimate of 15% tax	<input type="checkbox"/>	<input type="checkbox"/>
Airfare				<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Reimbursement				<input type="checkbox"/>	<input type="checkbox"/>
Meals		daily per diem est.			
Parking					
Tolls					
Miscellaneous Costs _____ _____					
<b>TOTAL</b>					

Additional Comments\_\_\_\_\_

Name of Other KSU Travelers/Department\_\_\_\_\_

Traveler's Signature \_\_\_\_\_ Date\_\_\_\_\_

Department Authorized Signature\_\_\_\_\_ Date\_\_\_\_\_