Kansas State University
Single Event Travel (SET) Account Action Request Form

Name of Employee/Student Representative: __________________________
Employee/Student Title: __________________________ Email Address: __________________________

Department Name: __________________________ Room #/Building: __________________________
Street Address: __________________________ City/State: __________________________ Zip Code: __________________________

Phone: __________________________ Cardholder Signature: __________________________

Departmental Contact Person: __________________________ Name: __________________________
Phone: __________________________ Email Address: __________________________

Select Action Requested:

☐ For authorized travel and supply purchases made in association with an authorized University Event or Business Travel as deemed necessary by the approving Department Head or authorized approver.

Requested Declining Balance Credit Limit: $________________________
(Approved Budget or Travel Request must be Attached)

Event Dates: __________________________
Destination(s): __________________________ __________________________ __________________________

Description of Expenses to be place on this card (i.e. hotel, rental car, etc.):

If this individual receiving this card is not a KSU employee, the department agrees to reimburse any unsubstantiated expenses through a University Foundation account or other available external funds.

Department Head/Dean/Provost Signature: __________________________
Printed Name: __________________________ Signature: __________________________ Date: __________________________

**Signature stamps do not qualify as a signature on this form.

Internal Use Only

Authorization Strategy: _____________ DB Limit: _____________
Email Bank: _____________ Training C/D: _____________
BPC Coordinator: _____________ Date: _____________