



Kentucky State University Frankfort, Kentucky 40601

Travel Authorization (59-02)

Department _____

Account No. _____

Date _____

To: Administrative Affairs

Authorization is requested for the following in-state/out-of-state travel to be charged to the travel budget of the department indicated above.

Faculty or Staff Member	Title or Position	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Itemized Estimated Expenses

Accounting Dept. Use

Transportation \$ _____

Food _____

Lodging _____

Other expenses _____

Registration Fees _____

Amount to be paid on above account number – subcode 3680

Total estimated expenses \$ _____

Amount to be encumbered

From Frankfort, KY to _____

Date trip to be taken _____

Purpose of trip _____

Method of Conveyance

- a. Public conveyance b. Personal automobile c. University vehicle d. Airplane

I hereby certify that it is necessary for the employee(s) named above to make this trip on official business connected with the duties of his/her/their position(s).

Signed _____
(Supervisor or Chairperson)

Approved _____
(Administrative Affairs)

Signed _____
(Dept. Head or Authorized Agency's Signature)

Distribution: White – Administrative Affairs
Canary – Department/Employee Copy
Pink – Accounting Copy