

**IREAP
TRAVEL APPROVAL REQUEST**

Please COMPLETE this form and submit to your travel coordinator PRIOR to your trip.

The traveler verifies they are eligible per campus COVID-19 Health and Safety compliance to travel.

Today's Date:

KFS Number:

Name as shown on the picture ID you are using for travel (driver's license, passport):

Date of Birth:

Gender: Male Female

Phone No.:

Email:

SSN: (Do not write your SSN on this form – provide it to your travel coordinator personally or by telephone after submitting the completed form.)

Departure Date/Time:

Return Date/Time:

Destination:

Describe fully the nature and purpose of the travel. Be specific (presenting, attending, etc.)

Is this travel directly related to the project and have all prior written approval been obtained from the sponsoring agency? Yes No

Your method of travel.

Air: Yes No Airline:

Bus/Train: Yes No

Driving: Yes No

Other:

Departing from: (airport/bus station/train station, etc.)

Arriving to: (airport/bus station/train /station, etc.)

Describe all expected expenses. (Provide estimates where applicable.)

Air:

Phone/Fax:

Registration :

Ground Transportation:

Hotel:

Mileage (Personal Car)**:

Meal Per Diem*:

Other:

Car Rental:

TOTAL:

*Meal Per Diem: There is a \$56.00/day limit on meals as follows: \$13.00 breakfast; \$15.00 lunch; \$28.00 dinner.

**Mileage (Personal Car): The current mileage rate is \$0.575 per mile. University employees using their privately owned vehicles (POV) and claiming reimbursement on an expense statement should measure mileage from the duty station or point of departure, whichever is closer to the destination, and return.

Reminder: You will need to provide an original receipt for all expenses for which you would like reimbursement. You will NOT need an original receipt for meal per diem or mileage (personal car).

Additional travel information:

Will a portion be paid with personal funds? Yes No Are you sharing a room? Yes No

Additional comments: