

# UK Libraries Request for Travel

★ Note: Forms are due in Library Administration Office 45 days in advance of trip ★

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Person ID: \_\_\_\_\_ Work Station: \_\_\_\_\_ Phone: \_\_\_\_\_

Detailed Purpose of Trip: (DO NOT ABBREVIATE; a written justification must be attached if four or more library employees are attending the same meeting) \_\_\_\_\_

Meeting/Organization (DO NOT ABBREVIATE): \_\_\_\_\_

My attendee status:  
 \_\_\_\_\_ Serve as an officer \_\_\_\_\_ Program participant \_\_\_\_\_ Attend only \_\_\_\_\_ Training \_\_\_\_\_ Admin. \_\_\_\_\_ Untenured  
 \_\_\_\_\_ Other (list): \_\_\_\_\_

Inclusive Dates of Meeting: \_\_\_\_\_ Inclusive Dates of Trip: \_\_\_\_\_

Destination (including City & State): \_\_\_\_\_

ARE YOU REQUESTING TRAVEL FUNDS?  Y  N If Yes, which type?  Prof. Dev.  Admin.  Stipend  Other  
 Available Prof. Development Allotment: \_\_\_\_\_ Total Prof. Development funds requested for this travel: \_\_\_\_\_

Is this supported by a Sponsored Projects or Teaching Account:  Y  N If Yes, account #: \_\_\_\_\_

**Estimated Travel Cost (MUST COMPLETE EVEN IF REIMBURSEMENT IS NOT BEING REQUESTED):**

Travel Item	Cost to employee	Requested Amount from Prof. Development Travel Funds	Requested Amount from Administrative Travel Funds (attach written justification)
Airfare (out-of-state only)			
Auto (Miles X \$0.555)			
Hotel			
Subsistence (See Travel Regs. for amounts & high rate areas)			
Ground transportation			
Registration Fee			
Other (List)			
<b>TOTALS</b>			

If traveling by auto, check one box:  Personal vehicle to be used  State vehicle to be used

Stipend amount requested and type: Participant/Officer \_\_\_\_\_ Untenured \_\_\_\_\_

Are you requesting pre-payment of:

Registration—Indicate Amount: \_\_\_\_\_  Airfare—Indicate Amount: \_\_\_\_\_

★ Note: Pre-payment paperwork must be submitted 60 days in advance of registration deadline or travel date ★

**FOR LIBRARY ADMINISTRATION USE**

Total Cost of Travel: \_\_\_\_\_ Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Total Amount Approved for funding: \_\_\_\_\_

D.O. Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Funding Source and Amount Approved:**

Not Requested - or - Not Funded (circle)	Prof Development	Administrative	Stipend	Other

**NOTES:**