



Request for Authorization of Travel and Expenses (Non-Faculty)

Applicant: _____ Date of Request: _____
Office: _____ Date(s) of Travel: _____
Destination: _____
Purpose of Travel: _____

Please attach conference brochure and/or the web address for conference information online.

Travel Mandated? ☐ Yes ☐ No Mode of Travel: Personal Vehicle ☐ University Vehicle ☐ Air ☐ Other ☐

Others from Kent State University Attending: _____

ESTIMATED EXPENSES

Registration	_____
Transportation	_____
Lodging	_____
Food (only that not included with registration fee is reimbursable)	_____
Total Estimated Expenses	_____

Amount to be paid by Applicant: _____
Amount to be paid by Alternate Source: _____
Name of Alternate Source: _____

Business Purpose/Additional Comments: _____

<input type="checkbox"/> Approved* <input type="checkbox"/> Disapproved	_____
	Business Office/Date
<input type="checkbox"/> Approved* <input type="checkbox"/> Disapproved	_____
	Dean/Date