

CS Student Travel Request Form Directions

Must be submitted at least 2 weeks before travel begins

Section A: Student Pre-Travel Request Form

- Please fill out your name, the name of the event and the times you will be leaving.
 - Business travel cannot begin more than 24 hours before the beginning of the event.
- Itinerary— provide any flight information in paper form. Indicate if one of the Department's procurement cards was/will be used.
- Purpose & Objective of Travel - - *What is the benefit to K-State for your trip?*
 - Provide a hard copy of the conference brochure &/or registration form **OR** the URL for the conference website.

Section B: Itemize Travel Expenses

- Personal vehicle mileage: *Airfare is the most economical mode of transportation when traveling to destinations outside of the state of Kansas. If you choose to drive, rather than fly to a destination outside of the state of Kansas, a cost comparison must be completed when such travel is to a destination that is more than 400 miles from the traveler's official station (Manhattan). **The cost comparison must be completed at the time the out-of-state travel request form is signed.***
- Lodging – Please verify that your nightly rate does NOT exceed the reimbursable maximum. The rates can be found at: <https://www.k-state.edu/finsvcs/generalaccounting/travel.html>. Include a copy of your hotel confirmation.
- Registration: Are any meals included in the registration fee? Those meals will be deducted from your Meals & Incidental Expense reimbursement.
- Meals & Incidental Expense: **DO NOT PAY** for other traveler's meals. You will be reimbursed for **YOUR** meals **ONLY**. The M&IE allowance is based on quarter days with the daily M&IE rate divided equally between quarters, for the time in which you are in travel status, including the quarters the employee departs and returns.
- Additional Ground Transportation: Uber, taxi, shuttle, etc...
- Parking: Could be airport, conference, or at your lodging destination
- Additional comments: Explain anything out of the ordinary or any special circumstances.

Section C: Third Party Reimbursement Information

- Third Party – This section must be completed if you are receiving travel funds from **OUTSIDE** the department. Provide a copy of the award confirmation.

Section D: Computer Science Department Approval and Funding Information

- Faculty Funding Travel— Choose the faculty member funding your travel from the drop down box. The faculty member **MUST** sign the form and provide the fund source. If the Department is funding any portion of your travel, you need to select Dr. Deloach & get his signature. If he is not available, Theresa Hogenkamp (Business Manager) can sign in his absence. All sources must indicate their funding commitment. The funding commitment can be 100 percent of the trip or they may provide a set dollar limit.

Reimbursable Travel Expenses portion of K-State's PPM can be found at: <https://www.k-state.edu/policies/ppm/6400/6410.html>.

Email the completed form to: travel@cs.ksu.edu

Be sure to include all back up documentation!

Section A STUDENT PRE TRAVEL REQUEST FORM

Name of Traveler: _____ Date: _____

Name of the Event: _____

Dates of the Event: _____ Event Location: _____

Itinerary (ei... Flight A, Kansas City to Atlanta, GA):

(ei... Flight B, Atlanta, GA to Kansas City, MO)

Departure Date & Time: _____

Departure Date & Time: _____

Arrival Date & Time: _____

Arrival Date & Time: _____

Purpose & objective of travel:

Section B ITEMIZE TRAVEL EXPENSES

Expense	Description	Estimated Cost	Quantity	TOTAL
Airfare	_____	_____	_____	_____
Personal Vehicle Mileage (\$.58/Mile) (MUST attach map of route)	_____	\$.58	_____	_____
Lodging (cost per night)	_____	_____	_____	_____
Registration (Meals Included?) <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Meals & Incidental Expenses (M&IE):	*Per diem will be calculated on final form	_____	_____	_____
Additional Ground Transportation	_____	_____	_____	_____
Parking (cost per day)	_____	_____	_____	_____
Other (ITEMIZE!):	_____	_____	_____	_____

Additional Comments:

_____ **TOTAL Estimated Expense:** _____

Section C Third Party Reimbursement Information

_____	_____	Max Amt.
Name of Third Party	Third Party Contact Information	
_____	_____	Amount
Name of Third Party	Third Party Contact Information	

Section D Computer Science Department Approval & Funding Information

		Fully Funded	_____
_____	_____	_____	Amount
Faculty Funding Travel	Signature of Faculty	Fund Source	
_____	_____	_____	Amount
Faculty Funding Travel	Signature of Faculty	Fund Source	

TOTAL Funds for Travel: _____