

Department of Communications and Agricultural Education Travel Information
(Please complete after traveling)

Travelers Name:

Person(s) traveling with you:

Location:

Reason for travel:

Date left: _____ Time: _____ a.m./p.m.

Date returned: _____ Time: _____ a.m./p.m.

Departure Airport: Manhattan Kansas City Other

Vehicle: Department State Rental Personal

Expenses

Method of Payment

	Amount	Personal Funds	K-State Procurement Card	Receipts attached	Account Number to be charged
Mileage					
Tolls	\$				
Airport Parking	\$				
Baggage Fee	\$				
Baggage Fee	\$				
Shuttle/Taxi	\$				
Shuttle/Taxi	\$				
Hotel	\$				

Shared Room With:

Parking	\$				
Car Rental	\$				
Other Exp	\$				
Other Exp	\$				
Other Exp	\$				

*If you have already provided the accounting staff with the specifics of your **registration** and **flight** please refrain from submitting that information again to help with processing your travel.

Registration*	\$				
Flight*	\$				

Please list ALL dates of travel.

Comments:

Check the box for **MEALS PROVIDED.**

Date *Breakfast Lunch Dinner

Please submit this document and all receipts, either electronically or via paper copies to the accounting office staff.

Remember to attach a copy of itinerary.

* Continental breakfast does NOT qualify as an included meal.