



Travel Request
For Advance Authorization to Travel and/or Standing Authorization to Travel

INSTRUCTIONS

1. This form is to provide advance authorization to travel for employees and/or non-employees who are not using the online Travel Management System (TMS).
2. This form is also to provide standing authorization for multiple trips within a specific fiscal year and range of time (as designated by the Travel Start and End Dates below).
3. This form must be completed for every budget area (SpeedChart) that is impacted by the authorized travel.
4. This form must be completed and approved prior to any travel outside the State of Georgia or overnight travel in Georgia, with the exception of domestic travel that includes only meal and/or mileage expenses unless the traveler's Department requires the form for the latter purposes.
5. Travelers must retain the original copy of the signed form for a period of three (3) years.
6. Travelers must provide a scan of this signed form to their Department's Business Manager/Business Operations Professional, or other designee as required by their Department.
7. Travelers must attach a scan of the original signed form when they submit their travel expense report.
8. Approval of the estimated travel expenses on this form does not imply automatic approval of the individual expenses, but serves the purpose of approving the travel and determining the sufficiency of funds within the Department's budget. Actual reimbursement is made based on the legitimacy of the individual items submitted on the traveler's expense report.
9. Employees are ultimately accountable for the accuracy of their travel request, cash advances, expense reports, reimbursements and all required receipts.
10. For questions concerning travel policies, please email: travel@kennesaw.edu.

TRAVELER INFORMATION

Last Name:	First Name:	Middle Initial:
Position Title:		Department:
Office/Main Phone Number:		Office/Main Email Address:

TRAVEL INFORMATION

Airfare Amount:		Travel Start Date:		Travel End Date:		Type of Request <i>(check all that apply)</i> : Standing Authorization Employee Non-Employee (KSU funded) To Document Off-Campus Travel	Trip Type <i>(check all that apply)</i> : Domestic International Recruiting Study Abroad
Car Rental Amount:		Request Name:					
Hotel Amount:		Purpose:				Additional Information: QEP TOSS Fall Spring Summer	
Dining Amount:		Comments <i>(provide Other Information for your Department here:)</i>					
Miscellaneous Amount:							
Pre Paid Registrations Amount:							
Total							

APPROVALS

SpeedChart:	Allocation % or \$ Amount:	Department Manager or PI Name:	Department Manager or PI Signature:
SpeedChart:	Allocation % or \$ Amount:	Department Manager or PI Name:	Department Manager or PI Signature:
SpeedChart:	Allocation % or \$ Amount:	Department Manager or PI Name:	Department Manager or PI Signature:
Supervisor Name <i>(or note "SAME" if same as Department Manager above):</i>		Date:	Supervisor's Signature <i>(or note "SAME" if same as Department Manager above):</i>
Employee Name:		Date:	Employee Signature: