KBOR Adult Education Approval Request for Program Staff Out of State Travel

☐ Original Request
☐ Amended Request

Date: _____

Permission is hereby requested for official travel of:

_____ (Traveler Name) _____ (Title)

Traveling To _____ (City, State)

For the purpose of _____

Proposed Funding Source: _____

Purpose/Rationale for Travel: (Is travel critical to the mission of Kansas Adult Education?)

(If More Lines Are Needed Please Attach Separate Page)

Travel Dates and Times: ***From*** _____ (Time) (Date) ***To*** _____ (Time) (Date)

Estimated Costs for Travel Itemized Below with Maximum Total Dollar Amounts of Travel Requested

Travel By:					
Private Car Miles:	$ 0.00	Total Amt.	$ 0.00	Transportation:	$ 0.00
Car Rental:	$ 0.00			Lodging:	$ 0.00
Other Ground Transportation:	$ 0.00	*(shuttle or cab from airport*			$ 0.00
Airfare:	$ 0.00	*to hotel, for example)*		Meals:	$ 0.00
Actual Lodging:				Registration Fee:	$ 0.00
No. of Days:	$ 0.00			Misc.Costs:	$ 0.00
Rate per Day Requested:	$ 0.00	Total Amt.	$ 0.00		
Meals:				Estimated Total Cost:	$ 0.00
No. of Meals:	$ 0.00				
Avg Cost per Meal:	$ 0.00	Total Amt.	$ 0.00		
Registration Fee:	$ 0.00	**Meals included with Registration Fee:**		**Yes** ☐ **No** ☐ **Some** ☐	
Miscellaneous Costs:	$ 0.00	*(Attach Registration Form and Agenda with Meals Provided Highlighted)*			

Explain:

If approved, participant in out of state conference will be required to provide a written report (minimum of 2-pages) before being able to draw down funds for reimbursement.

TRAVEL REQUEST APPROVALS

_____ (Signature of Traveler)

_____ (Signature of Program Director)

_____ (Signature of Associate Director of Adult Education)

Date Approved _____

Date Denied _____

Updated 07/01/2011