

Departmental Pre-Travel Form

This form is to be used for any in-state or out-of-state travel for which the traveler will be claiming reimbursable expenses for anything beyond vehicle mileage.

Traveler Information

Name of Person Traveling	UK Person ID	Account Number to be Charged

Type of Travel (*check one*): Domestic Foreign
 If foreign travel, have you registered this trip with UK International Health, Safety and Security Office at the website located at <https://ihss.uky.edu>? (*check one*): Yes No

Travel is from (origin) to (destination)

Inclusive dates of travel (include travel time and personal time):

Does this trip include any personal travel? (*check one*): Yes No
 If yes, business travel dates are: and personal travel dates are:

Purpose of business travel:

Mode of transportation (*check one*): UK Motor Pool Personal Vehicle Air Other
 If Other, explain:

Projected Expenses

Expense	Amount	Expense to be Paid By (<i>check one</i>)		
		Procard	Personal	3 rd Party
Airfare				
Baggage fee				
Lodging				
Registration				
Ground transportation				
Parking/tolls				
Rental car				
Mileage				
Per diem				
Special meal/required meal				
Other (provide)				
TOTAL				

Signature of Department Chair

Date