University of Kentucky REQUEST FOR AUTHORIZATION OF OUT-OF-STATE/COUNTRY TRAVEL **County Extension Agents and Support Staff** Send to Area Extension Director - Copy To Regional Support Staff

NAME OF PERSON TRAVELING	UK PERSON ID	PUSITIO	POSITION	
Source of Funds: (Travel, Profession	al Improvement)			
County:				
Dates of Travel:				
Dates of Fravol.	-			
ESTIMATED EXPENSES		Estimated Amount To Be Paid by County Credit Card	Estimated Amount T Be Paid by Employe	
Employee Leave Request in MYUK N	· · · · · · · · · · · · · · · · · · ·			
	Tot	al		
From (Origin)	To (Destination	on)		
Date(s) trip to be taken (Include travel time)				
Does the trip include personal time? YES	NO If yes, state business tr	avel dates		
Purpose of trip (Cite benefit to Kentucky Coo	perative Extension. (Do not abbreviat	te organizational names))	
If more than two employees of the University	are going to this quart have recover	od wbv O		
If more than two employees of the University	are going to this event, now many ar	iu wily?		
Will a registration fee be prepaid by County B	Business Credit Card?			
Travel Method: Air	_Personal VehicleC	ounty Owned Vehicle		
I hereby certify that all UK Employee and Ex	ctension Travel policies have been fo	ollowed in planning for th	is trip.	
Signature of Traveler		 Da	 Date	
I hereby certify that it is necessary for the per			ected with the	
duties of his/her position and that all UK Emp	loyee Travel policies have been follo	wed.		
Signature of Area Extension	Director			

Date