

University of Kentucky
REQUEST FOR AUTHORIZATION OF OUT-OF-STATE/COUNTRY TRAVEL
County Extension Agents and Support
Staff Send to District Director's Office

NAME OF PERSON TRAVELING	UK PERSON ID	POSITION

Source of Funds: (Travel, Professional Improvement...) _____

County: _____

Dates of Travel: _____

ESTIMATED EXPENSES	Estimated Amount To Be Paid by County Credit Card	Estimated Amount To Be Paid by Employee
Employee Leave Request in MYUK Must Also Be Completed		
Total		

From (Origin) _____ To (Destination) _____

Date(s) trip to be taken (Include travel time) _____

Does the trip include personal time? YES NO If yes, state business travel dates _____

Purpose of trip (Cite benefit to Kentucky Cooperative Extension. (Do not abbreviate organizational names)

If more than two employees of the University are going to this event, how many and why? _____

Will a registration fee be prepaid by County Business Credit Card? _____

Travel Method: _____ Air _____ Personal Vehicle _____ County Owned Vehicle

I hereby certify that all UK Employee and Extension Travel policies have been followed in planning for this trip.

Signature of Traveler

Date

I hereby certify that it is necessary for the person named above to make this trip on official business connected with the duties of his/her position and that all UK Employee Travel policies have been followed.

Signature of District Director

Date