

Commonwealth of Kentucky
University of Kentucky
DEPARTMENT OF PLANT PATHOLOGY

REQUEST FOR AUTHORIZATION TO TRAVEL / INTENT TO TRAVEL

A81120-

NAME OF PERSON TRAVELING	EMPLOYEE ID

Today's date: _____

Acct. # or funding source(s): _____

From (origin): _____

To (destination): _____

Date(s) of trip (include travel time):

Purpose of trip:

Is personal travel involved? No Yes

Mode of transportation Airplane Motor Pool Rental Personal car

Additional Information: