

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 (optional)

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  
Dept vehicle

Additional Information: