

University of Kentucky
Department of Plant Pathology
Travel Authorization / Intent to Travel

NAME OF PERSON TRAVELING

Today's date _____

Funding source acct #(s) _____

From (origin) _____

To (destination) _____

Date(s) of travel (include travel time)

Purpose of trip

Note: If attending a conference/workshop, include full meeting name & meeting date(s)

For conference/workshop, are you

Participant

Speaker

Presenting a poster

Is personal travel involved?

No

Yes

Mode of transportation

Airplane

Rental

Personal car

Dept vehicle

Additional Information