Department of Communications and Agricultural Education Student Travel Information (Please complete after traveling)

Travelers Name:

Comments:

Person(s) traveli	ing with you:					
Location:						
Reason for trave	el:					
Date left:		Time:		a.m./p.m.		
Date returned:		Time:		a.m./p.m.		
Departure Airport:		Manhattan Kansas City		•	Other	
Vehicle:	Department	State	Rental	Personal		
Expenses		Method of Payment				
		Personal	K-State Procurment	Receipts		
	Amount	Funds	Card	attached	_	
Mileage						
Tolls	\$					
Hotel	\$				J	
Shared Room With:						
	\$	Ι				٦
•	\$					1
	\$ \$					1
= -	\$ \$					1
	\$					-
•	•	the account	ing staff wi	th the spec	cifics of vour reais	⊒ stration
*If you have already provided the accounting staff with the specifics of your registration please refrain from submitting that information again to help with processing your travel.						
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Please submit this document and all receipts, either electronically or via paper copies to the accounting office staff.

Remember to attach a copy of itinerary.