Travel Intent Form
School of Animal and Comparative Biomedical Sciences

1.) Complete Travel Intent Form: □ International  Country: ______________________

2.) Check what expenses will be pre-paid by the UA Purchasing Card or a Purchase Order?
   □ Airline       □ Lodging (Check Request Only)       □ Other       _____
   □ Conference Registration      □ Membership Dues

3.) Return to Business Office for Approval

4.) Travel receipts MUST be submitted within ten (10) Days of Travel return

   Name: ____________________________________________
   EID: ______________________________________________
   Intended Departure Time: __________________________
   Intended Return Time: _____________________________
   Mode of Transportation: ___________________________
   Travel City and State: _____________________________
   Business Purpose:
   Conference name (Do not abbreviate): ______________________
   Designated Hotel (Yes/No) ___________________________
   Travel Advance Needed (Yes/No): ______________________
   Travel Advance Amount: ____________________________
   Funding Source (KFS Acct#): _________________________
   Number/Dates of Vacation Days taken during travel status (specify dates):
   ________________________________________________

Return to Business Office Thirty (30) Days before intended travel date.