

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

**Meeting is in a state that accepts KY tax exemption**

Yes

No

*(See PPA website Internal Page/Travel for list of states)*

**Additional Information**