

**Department of Biomedical Engineering
University of Kentucky**

PRE-TRAVEL FORM

Name of Person Traveling _____ ID _____

Account to be Charged _____ Procard Charged _____

ESTIMATED EXPENSES	Estimated Amount To Be Paid by Procurement Card	Estimated Amount To Be Paid by Employee
**Registration Fee		
**Airfare (must have same day cost comparison from cliqbook when using alternate travel and can only use your personal credit card)		
**Lodging*		
**Car Rental		
**Cab		
**Parking		
**Tolls		
**Meals	(must save receipts)	
**Other & Grad School travel support obtained \$		
Total		

****Save and submit ALL itemized receipts for reimbursement. If not, you may risk full reimbursement. If sharing a room you must request hotel split cost. You will only be reimbursed for 1/2 the cost of the room charge. Also note the name of the person you are sharing a room with. A copy of all pro-card charges (invoices) is required & a copy of brochure upon return.**

*From (Origin) _____ *To (Destination) _____

Date(s) trip to be taken (**Include travel time**) _____

Purpose of trip (*Cite benefit to University. **Do not** abbreviate organizational names*) _____

Supervisors Signature **Date**
(must have supervisors approval of allowable expenses prior to travel)

A signed absence sheet must accompany your pre-travel form.

*Per-Diem and Lodging is limited if OUT-OF-COUNTRY, please see Becky.