Kansas State University

Travel Request Form

Email request to IRAWG@ksu.edu

Domestic Travel	International Travel	Research	Teaching
Traveler Name:			
Title:			
Department:			
WID Number:			
Name and WID Number o	of Other K-State Travelers and,	/or Students:	

Departure Date:	City:
Return Date:	City:

Contact Information for K-State Traveler:

Contact Information for Location Where Staying/Working (include address and telephone number):

Detailed itinerary, including all locations to be visited and transportation details including types of transportation to and from these locations:

Social Distancing/Public Heath Guideline Practices to be Followed:

Justification/Purpose for Trip:

Traveler Signature:	Date:	
Department Head Signature:	Date:	