

MURRAY STATE UNIVERSITY  
**Accounting & Financial Services**  
**Group Travel Request Form**

TA#:

DATE PREPARED <input style="width:100%;" type="text"/>	A&FS Approval _____ Date _____	Date _____
TO AVOID DELAYS: COMPLETE IN FULL, OBTAIN NECESSARY APPROVALS, AND SUBMIT TO ACCOUNTING & FINANCE SEVEN WORKING DAYS PRIOR TO TRIP		
EMPLOYEE REQUESTING TRAVEL ADVANCE <input style="width:100%;" type="text"/>	MSU DEPARTMENTAL NAME <input style="width:100%;" type="text"/>	
RESIDENCE ADDRESS <input style="width:100%;" type="text"/>	MSU DEPARTMENTAL ADDRESS <input style="width:100%;" type="text"/>	MSU PHONE <input style="width:100%;" type="text"/>
CITY <input style="width:100%;" type="text"/>	STATE <input style="width:100%;" type="text"/>	ZIP CODE <input style="width:100%;" type="text"/>
BANNER ID <input style="width:100%;" type="text"/>	PHONE NUMBER <input style="width:100%;" type="text"/>	<b>REQUESTED AMOUNT OF ADVANCE: \$</b> <input style="width:100%;" type="text"/> <small>(Cannot exceed total cash estimate below)</small>
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	

**GROUP DESCRIPTION**

**PURPOSE OF TRIP** (Do not abbreviate organization names)

**TRIP ITINERARY**

DATE MM/DD/YY	DEPART FROM	DATE MM/DD/YY	RETURN TO

**ESTIMATED COST OF TRIP**

EXPENSE TYPE <small>List Payee for All Direct Bills</small>	ESTIMATED AMOUNT & METHOD OF PAYMENT			ESTIMATED COST
	MSU PCARD	DIRECT BILL TO MSU (not on Pcard)	CASH	
AIRFARE				
MILEAGE				
LODGING				
MEALS				
OTHER				
OTHER				
OTHER				
OTHER				
<b>Total Cash Estimate:</b>			<input style="width:100%;" type="text"/>	
<b>Total Estimated Cost of Trip:</b>				<input style="width:100%;" type="text"/>

**APPROVAL & ACCOUNT ALLOCATION OF GROUP TRAVEL**

CHART	FUND	ORGANIZATION	ACCOUNT	PROGRAM	<b>ALL ACCOUNT MANAGERS FOR ACCOUNTS LISTED MUST SIGN BELOW</b>	TRIP ALLOCATION	
						\$	<input style="width:100%;" type="text"/>
						\$	<input style="width:100%;" type="text"/>
						\$	<input style="width:100%;" type="text"/>
						\$	<input style="width:100%;" type="text"/>
						\$	<input style="width:100%;" type="text"/>
						\$	<input style="width:100%;" type="text"/>

**TOTAL TRIP EXPENSE ALLOCATION: \$**

MUST EQUAL ADVANCE REQUESTED ABOVE

A group travel advance represents a University obligation to the employee receiving the advance. A Travel Voucher Form must be submitted to account for the expended amount of the advance and all unexpended advances must be redeposited back into the account number(s) the advance was issued from **within two weeks** after the return of the trip. Further advances will not be approved until outstanding travel advances have been substantiated with Accounting & Financial Services.

_____ EMPLOYEE REQUESTING TRAVEL	_____ DATE	_____ DEAN / VP APPROVAL	_____ DATE
_____ CHAIR / DIRECTOR APPROVAL	_____ DATE	_____ ADDITIONAL APPROVAL (if Applicable)	_____ DATE

_____ RECEIPT SIGNATURE	_____ DATE	BANK	TC	DISCOUNT	EC	1099	DUE DATE	ENC REF #	VOUCHER #