

TRAVEL REQUEST FORM

Date submitted: _____

Employee's name: _____

Contact number: _____

Department: _____

Destination: _____

Departure Date: _____

Return Date: _____

Purpose of travel: _____

Approved By: _____

Approval Date: _____

Employee Signature: _____

IMPORTANT NOTICE:

By signing and submitting this form, you agree to represent Kokhanok in a respectful manner on all public forums and provide a travel report within 10 days of your return date. Failure to do so can result in travel suspension.

Anticipated Expenses

Type of Expense	Description	Total
Airfare		
Ground Transportation		
Conference / Registration Fees		
Lodging		
Meals and Tips		
Miscellaneous		
		\$