

South Central Kansas Economic Development District, Inc
Travel Request – Out Of District

Name(s) of Traveler(s):

Travel Location(s) including Date(s):

Business Purpose of Travel:

Program(s) to Charge Travel Cost(s): _____

METHOD OF TRANSPORT REQUESTED

- ___ Air Transportation
- ___ Rental Car
- ___ SCKEDD Vehicle
- ___ Privately Owned Vehicle

Estimated Cost: _____

Justification for Method Requested:

If choosing Privately Owned Vehicle, provide a cost comparison between that and a rental car. If a SCKEDD vehicle is available, provide reasoning for not using it.

ACCOMODATIONS

- ___ No Hotel Needed
- ___ Conference Hotel
- ___ Other Hotel

Estimated Cost: _____

GSA Per Diem Rate: _____

Justification for Hotel Requested:

If hotel rate is greater than the GSA per diem rate, indicate reason for choosing this hotel.

MEALS & INCIDENTAL

GSA M&IE Locality: _____

M&IE Rate: _____

Breakfasts: _____

Lunches: _____

Dinners: _____

Total Estimated M&IE: _____

APPROVAL

Program Manager:

Executive Director:
