

Student Affairs Pre-Approval Travel Request (PCARD) Form

Department-Paid / Non-Reimbursable Travel Authorization

Kent State University College of Podiatric Medicine

216.231.3300 | podiatry@kent.edu

Traveler Information

Name:

Department:

Phone:

Email:

Travel Details

Purpose:

Destination:

Travel Dates:

Estimated Expenses

Airfare

Lodging

Taxi/Uber/Bus/Parking

Registration

Other

Estimated Total:

Payment Method

Department P-Card

Direct Bill/Department Payment

Other

Certification

I certify this travel is for official university business and complies with university travel and purchasing guidelines.

Traveler Signature:

Date:

Index: 101509 | Fund: 110800 | Expense: 71101 | Commodity: 86160000

Supervisor Signature:

Date: