



WICHITA STATE  
UNIVERSITY

## School of Performing Arts Travel Request

*Submit this form at least 3 weeks prior to travel*

Name: \_\_\_\_\_ myWSUID: \_\_\_\_\_

This trip is: (check one) \_\_\_\_\_ School Related/Faculty Development \_\_\_\_\_ Personal

Travel dates: from \_\_\_\_\_ to \_\_\_\_\_ Destination (City, State) : \_\_\_\_\_

Purpose of Travel:

Arrangements made for classes missed:

Are you requesting funding for this trip? Yes No

(If "yes," please complete Travel Budget Request below; subject to approval by Director)

### Travel Budget Request

Airfare: \$ \_\_\_\_\_

(check one):

☐ Sunflower travel (direct bill to school)

☐ Traveler purchasing tickets elsewhere,  
to be reimbursed.

(attach two quotes if not using Sunflower)

Car: \$ \_\_\_\_\_

\_\_\_\_\_ Rental, or

\_\_\_\_\_ Personal Vehicle: Mileage \_\_\_\_\_

Lodging: \$ \_\_\_\_\_

Meals: \$ \_\_\_\_\_

(see [travel information](#) for rates; per-diem rarely  
reimbursed by department)

Registration: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Explain:

TOTAL REQUESTED \$ \_\_\_\_\_

*Click Submit or email completed form to: [stacy.salters@wichita.edu](mailto:stacy.salters@wichita.edu)*

**\*\*Below to be completed by Director's Office\*\***

\_\_\_\_\_  
Budget Officer Approval

\_\_\_\_\_  
Date

Funding: Org \_\_\_\_\_ Fund \_\_\_\_\_ Amount \_\_\_\_\_

Notes: \_\_\_\_\_