

Submit this form at least 3 weeks prior to travel

(check one)	School Related/Faculty Development	Personal
from	to	
(If "yes," please complete Tra	vel Budget Request below; subject to approval b	y Director)
(check one):	reimbursed by depar	rtment)
[] Sunflower travel (dir	rect bill to school)	
[] Traveler purchasing to be reimbursed. (attach two quotes if n í a	tickets elsewhere, otrusitus Supflowhen) rarely	
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Click Su	nbmit or email completed form to: <u>stacy.salters@y</u>	vichita.edu
Budget Officer Approval	Date	
Org	Fund Amount	
Notes:		
10103.		