



School of Performing Arts Travel Request
Submit this form at least 3 weeks prior to travel

Name: _____ myWSUID: _____

This trip is: _____

Travel dates: _____ Destination (City, State) :

Purpose of Travel:

Arrangements made for classes missed:

Are you requesting funding for this trip? Yes No

Travel Budget Request

Airfare: \$ _____

_____ (reimbursed by department)

Registration: \$ _____

Other: \$ _____

(attach two quotes if not using SuperTravel rarely)

Explain:

TOTAL REQUESTED \$ _____

Click Submit or email completed form to: stacy.salters@wichita.edu

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

Funding: