

TRAVEL FUNDING ADJUSTMENT FORM

Pittsburg State University
Business Office
Ext. 4157

Traveler's Name _____

Travel Destination _____

Travel Dates _____

T # (If applicable) _____

Please list all PAID VOUCHERS relating to this trip:

Adjustment to be processed: (*Choose One*)

Additional Funding

_____	_____	_____	_____
Fund	Unit	Add'l Funding Amt.	Authorized Signature
_____	_____	_____	_____
Fund	Unit	Add'l Funding Amt.	Authorized Signature
_____	_____	_____	_____
Fund	Unit	Add'l Funding Amt.	Authorized Signature

Other

Explanation: _____

Note: If funding is being *changed* please process using a "Voucher Correction" Form

Submitted by: _____ Extension: _____ Date: _____

Copies to: _____

A COPY OF THE APPROVED T-FORM AND ALL RECEIPTS MUST BE ATTACHED TO THIS COMPLETED FORM BEFORE IT WILL BE PROCESSED FOR PAYMENT.