



**KENAI PENINSULA COLLEGE
TRAVEL REVISION REQUEST**

TA #
TR #

****** A copy of the Original TA must accompany this revision ******

Date of Travel:

Traveler:

Social Security #:

Account #:

Original TA Total Estimated Cost:	\$
Increase/Decrease Transportation Cost:	\$
Increase/Decrease Lodging Actual/Per Diem Cost:	\$
Increase/Decrease Meal Allowance:	\$
Increase/Decrease Car Rental:	\$
Other:	\$

Total Increase/Decrease of this Revision	\$
New TA Total Estimated Cost:	\$

JUSTIFICATION FOR REVISION:

This revision is being submitted at the earliest possible opportunity.

Traveler's Signature _____

Date of Revision: _____

Supervisor

Approval Signature _____

Date of Approval: _____

Budget Signature _____

Entry Date _____

Note to traveler: Method of reimbursement -- actual/per diem must be indicated in advance of the commencement of travel.