



## TRAVEL AUTHORIZATION REQUEST

Is this a revision? If so, specify the original date of travel:    /    /

Once completed and approved, e-mail your request to [travel@kindred.com](mailto:travel@kindred.com) or fax to (502) 596-4070. **Please submit only one Travel Authorization per trip / traveler.**

<b>Traveler's Name (as it appears on ID)</b>		<b>Today's Date</b> / /		<b>Facility Name</b>	
<b>Traveler's home/cell phone number</b> - -		<b>Traveler's date of birth</b> / /		<b>Name of Person Completing TAR</b>	
<b>Traveler's daytime phone number</b> - -		<b>Traveler's Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Phone Number of Person Completing TAR</b> - -	

<b>Date of Travel</b> /    /	<b>Date of Travel</b> /    /	<b>Date of Travel</b> /    /	<b>Date of Travel</b> /    /
<b>Departure City</b>	<b>Departure City</b>	<b>Departure City</b>	<b>Departure City</b>
<b>Arrival City</b>	<b>Arrival City</b>	<b>Arrival City</b>	<b>Arrival City</b>
<b>Departure Time</b>	<b>Departure Time</b>	<b>Departure Time</b>	<b>Departure Time</b>
<b>Arrival Time</b>	<b>Arrival Time</b>	<b>Arrival Time</b>	<b>Arrival Time</b>
<b>Specific Flight</b>	<b>Specific Flight</b>	<b>Specific Flight</b>	<b>Specific Flight</b>
<b>Rental Car</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Rental Car</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Rental Car</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Rental Car</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Hotel</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Hotel</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Hotel</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Hotel</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check In Date</b> /    /	<b>Check In Date</b> /    /	<b>Check In Date</b> /    /	<b>Check In Date</b> /    /
<b>Check Out Date</b> /    /	<b>Check Out Date</b> /    /	<b>Check Out Date</b> /    /	<b>Check Out Date</b> /    /

Please provide a contact number where you can be reached to obtain the credit card information needed for your hotel guarantee

<b>Coordinate Travel With</b>	<b>E-mail Address(es) for Itinerary</b>
<b>Additional Comments</b>	
<b>Facility Number and Department Number to be Charged</b>	<b>Purpose of Trip</b>
<b>Approval (please print):</b>	<b>Approval (signature):</b>

Notice: Any travel requested less than 14 days in advance must be approved by appropriate vice president.