



Student Travel Request Form

Trip Details

Name of Organization/Department: _____

Requested By: _____

Event/Conference Attending: _____

Event Address: _____

Hotel Name and Address: _____

Travel Dates

Departure Date: _____

Departure Time: _____

Return Date: _____

Return Time: _____

Reason for Travel _____

Total Number Traveling Students: _____ Employee(s)/Advisor(s): _____

Employee(s)/Advisor(s) Traveling with Students

Full Name	Mobile #
1. _____	_____
2. _____	_____

Funding Sources (select all that apply):

<input type="checkbox"/> Department	<input type="checkbox"/> Organizations	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Requesting Student Travel Funds*	<input type="checkbox"/> Self Pay	<input type="checkbox"/> Other

*Please complete the Projected Trip Expenses section if you are requesting student travel funds.

Projected Trip Expenses: Please provide an estimate of the total travel expenses for students only.

Transportation

Airfare: _____ Number of student(s) X \$ _____ Cost of Airfare = \$ _____

Bus: _____ Number of Bus(es) X \$ _____ Cost per Bus X _____ Number of Days = \$ _____

Rental: _____ Number of Vehicle(s) X \$ _____ Cost per Vehicle X _____ Number of Days = \$ _____

Fuel Cost: _____ Number of Vehicle(s) X \$ _____ Estimated Fuel Cost (round trip) = \$ _____

Ground Transportation (Uber, Taxi, Train, etc.) = \$ _____

Mileage: _____ X Mileage Cost: \$ _____ = \$ _____

Total Transportation: \$ _____

Lodging

Hotel: ___ Number of Room(s) X \$ _____ Room Cost per Night X ___ Number of Nights = \$ _____

Registration Cost

Registration Fee: _____ Number of Student(s) X \$ _____ Registration Fee = \$ _____

Membership Cost

Membership Fee: _____ Number of Student(s) X \$ _____ Membership Fee = \$ _____

Meals/Per Diem

Breakfast: _____ Student(s) X \$ _____ Breakfast Cost X _____ Number of Days = \$ _____

Lunch: _____ Student(s) X \$ _____ Lunch Cost X _____ Number of Days = \$ _____

Dinner: _____ Student(s) X \$ _____ Dinner Cost X _____ Number of Days = \$ _____

1st Day of Travel: _____ Student(s) X \$ _____ 1st Day Cost = \$ _____

Last Day of Travel: _____ Student(s) X \$ _____ Last Day Cost = \$ _____

Total Meals/Per Diem: \$ _____

Total Projected Trip Cost (Transportation, Lodging, Registration, Meals/Per Diem): \$ _____

Amount Requested: \$ _____

Signatures: By signing below you approve the student travel request.

Advisor/Employee

Date

Director, Student Activities

Date

Vice President, Academic Affairs (Academic travel only)

Date

Dean, Student Services

Date