

Student Travel Request Form

Trip Detai	ils			
Name of Org	ganization/Department:			
Requested B	y:			
Event/Confe	rence Attending:			
Event Addre	ss:			
	and Address:			
Travel Date				
	Departure Date: Return Date:		eparture Time:eturn Time:	
	Γravel			
	er Traveling Students:		(s)/Advisor(s):	
Full Name	/Advisor(s) Traveling with Student		Mob	oile#
2				
	urces (select all that apply):			
Department Organizations Fundraising Requesting Student Travel Funds* Self Pay Other				
*Please com	plete the Projected Trip Expenses sect	tion if you are requesting s	tudent travel funds.	
Projected	Trip Expenses: Please provide an	estimate of the total travel	expenses for students	only.
Transportat Airfare:	ion Number of student(s) X \$	Cost of Air	fare =	\$
	Number of Bus(es) X \$			\$
	Number of Vehicle(s) X \$			
	Number of Vehicle(s) X \$			\$
Ground Tran	sportation (Uber, Taxi, Train, etc.) =			\$
Mileage:	X Mileage Cost: \$	_ =		\$
			Total Transportation	n: \$

Lodging	
Hotel:Number of Room(s) X \$ Room Cost per Night X Nu	mber of Nights = \$
Registration Cost	
Registration Fee:Number of Student(s) X \$Registration	Fee = \$
Membership Cost	
Membership Fee:Number of Student(s)X \$Membership Fe	e = \$
Meals/Per Diem	
Breakfast: Student(s) X \$ Breakfast Cost X Number of Days	\$
Lunch:Student(s) X \$ Lunch Cost XNumber 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 N	Meals/Per Diem: \$
Total Projected Trip Cost (Transportation, Lodging, Registration, Meals/	
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