

Student Travel Request Form

Trip Details					
Name of Organization/Depa	artment:				
Requested By:					
Event/Conference Attending	g:				
Event Address:					
Hotel Name and Address: _					
Travel Dates					
Departure Date: Return Date:			Departure Time: Return Time:		
Reason for Travel					
Total Number Traveling	Students:	Emp	loyee(s)/Advisor(s):	:	
Employee(s)/Advisor(s) To Full Name 1.	C			Mobile #	
2					
Funding Sources (select al					
Department Requesting Student Tra	(evel Funds* S	Organizations Self Pay	Fundraisir Other	ng	
*Please complete the Project				unds.	
Projected Trip Expens	ses: Please provide an	estimate of the total	travel expenses for	students only.	
Transportation Airfare:Numl	per of student(s) X \$	Cost @	of Airfare =	\$	
Bus:Number o	f Bus(es) X \$	Cost per Bus X	Number of I	Days = \$	
Rental:Number of V	Vehicle(s) X \$	Cost per Vehicle	XNumber of	f Days = \$	
Fuel Cost: Number of	of Vehicle(s) X \$	_ Estimated Fuel Cos	st (round trip) =	\$	
Ground Transportation (Ub	er, Taxi, Train, etc.) =			\$	
			Total Transp	portation: \$	

Lodging	
Hotel: Number of Room(s) X \$ Room Cost per Night X N	umber of Nights = \$
Registration Cost	
Registration Fee:Number of Student(s) X \$Registration	n Fee = \$
Meals/Per Diem	
Breakfast: Student(s) X \$ Breakfast Cost X Number of Day	s = \$
Lunch:Student(s) X \$ Lunch Cost XNumber of Days =	\$
Dinner:Student(s) X \$ Dinner Cost X Number of Days =	\$
Total	Meals/Per Diem: \$
Amount Signatures: By signing below you approve the student travel request.	t Requested: \$
Advisor/Employee	Date
Director, Student Activities	Date
Vice President, Academic Affairs (Academic travel only)	Date
Dean, Student Services	Date