LSCPA
LAMAR STATE COLLEGE ★ PORT ARTHUR
Student Travel Request Form

Trip Detail

Name of Organization/Department:

Requested By:

Event/Conference Attending:

Event Address:

Hotel Name and Address:

Reason for Traveling:

Travel Departure Date:	Travel Departure Time:

Travel Return Date:	Travel Return Time:

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):

___ Department   ___ Organizations   ____ Fundraising

___ Requesting Student Travel Funds*   ___ Self Pay   ____ 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