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:	$_____

* Check the LSCPA vehicle used for travel: ☐ Van ☐ Truck

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