



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):

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.) = \$ _____

Total Transportation: \$ _____

