

## **Student Travel Request Form**

Trip Details				
Name of Organization/Depa	rtment:			
Requested By:				
Event/Conference Attending	j:			
Event Address:				
Hotel Name and Address: _				
Travel Dates	Departure Date: Return Date:		Departure Time:	
Reason for Travel				
Total Number Traveling	Students:	Emplo	oyee(s)/Advisor(s): _	
Employee(s)/Advisor(s) To Full Name 1.	J			Mobile #
2				
Funding Sources (select al	l that apply):			
Department Requesting Student Tra	vel Funds* S	Organizations elf Pay	Fundraising Other	
*Please complete the Project	ted Trip Expenses sect	ion if you are requesti	ing student travel fun	ds.
<b>Projected Trip Expens</b>	<b>es:</b> Please provide an	estimate of the total tr	ravel expenses for stu	dents only.
Transportation Airfare:Numl	per of student(s) <b>X</b> \$	Cost of	f Airfare =	\$
Bus:Number o	f Bus(es) <b>X</b> \$	Cost per Bus <b>X</b> _	Number of Day	ys = \$
Rental:Number of V	Vehicle(s) X \$	Cost per Vehicle Y	XNumber of D	Pays = \$
Fuel Cost: Number of	of Vehicle(s) <b>X</b> \$	_ Estimated Fuel Cost	t (round trip) =	\$
Ground Transportation (Ube	er, Taxi, Train, etc.) =			\$
			Total Transpor	rtation: \$

Lodging		
Hotel: Number of Room(s) X \$	Room Cost per Night X Num	ber of Nights = \$
Registration Cost		
Registration Fee:Number of Stude	ent(s) X \$Registration Fe	ee = \$
Membership Cost		
Membership Fee:Number of Stu	dent(s)X \$Membership Fee	= \$
Meals/Per Diem		
1st Day of Travel: Student(s) X	\$ 1st Day Cost =	\$
Last Day of Travel: Student(s) X	\$ Last Day Cost =	\$
	Total Me	eals/Per Diem: \$
Total Projected Trip Cost (Transporta		er Diem): \$ equested: \$
Signatures: By signing below you app	prove the student request	
Advisor/Employee		Date
Director, Student Activities		Date
Vice President, Academic Affairs (Academic travel only)		Date
Dean, Student Services		Date