

Authorization For Student Travel

This form to be completed by students with the guidance of a faculty sponsor. Submit completed form with signature of faculty sponsor to the appropriate department chair.

Student Name: _____ Department: _____

Student ID Number: _____ Student Contact Number: _____

Emergency Name: _____ Emergency Number: _____

Today's Date: _____ Dates of Travel: _____

Destinaton: _____
Name of Conference or activity: _____

Faculty Sponsor: _____

Attach a description of the educational value of the travel.

Only original receipts will be reimbursed.

Other sources and amounts of funds: _____
(e.g. SGA, etc.)

Estimated Cost of Travel

	Qty.	Unit Cost	Extended Cost
Airfare			
Car Rental			
Personal Car		\$0.575	
Lodging			
Meals			
Registration Fee			
Miscellaneous			
Total Estimate Cost			\$

I am requesting \$_____ of travel support.

Approval

Reimbursement will **not** be processed without the dean's prior approval at least 4 weeks in advance of travel.
Section below to be completed by dean's office.

Department Chair: _____

Director of Operations: _____ Amount Approved: _____ Account: _____

Dean: _____ Date: _____