

STUDENT TRAVEL AUTHORIZATION REQUEST

Name _____ Student # _____

Graduate Student: _____ Undergraduate Student: _____

Present Address _____ Phone # _____

Permanent Address _____ Phone # _____

E-mail Address _____ Work Phone # _____

I, _____ request permission for travel from _____

a.m./p.m on _____ (date) until _____ a.m./p.m on _____ (date)

Specific purpose for this travel: _____

Destination of travel: _____

Is reimbursement of expenses requested? no _____ yes. If yes, complete expense estimate below.

Transportation

Plane _____

Private/University Car _____

Lodging and Meals

Lodging (, Q R U Out-of-State) _____

Meals (, R U Out-of-State) _____

Other _____

Total Estimated Cost (not necessarily amount of reimbursement): _____

Signature of Requester

Date

(Over)

