

STUDENT TRAVEL APPROVAL
Division of Natural Sciences & Mathematics

Date: _____

Name: _____ Warrior ID #: _____

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Purpose of Travel (Name of meeting/event): _____

Travel Destination: _____

Travel Dates - Departure date and approximate time: _____

Return date and approximate time: _____

Out of State Justification: _____

Additional Checks Requested (i.e. advanced payment for registration): Yes No

Estimated Expenses:

Airfare: _____ Do you need assistance making your reservation? Yes No
Save itinerary, make copy and give original to Karen.

Lodging: _____ Ask for tax-exempt, government rate.
Save check-out receipt and give to Karen upon return.

Mileage: _____ Do you need a car reserved? Yes No
If you are driving your own car, license plate number: _____

Rental/Taxi: _____ **Save taxi/shuttle receipts and give to Karen upon return.**

Registration: _____ **Please provide Karen with a copy of your registration form/receipt.**

Other: _____

Minimum amount of funding that would allow travel: _____

Office use only:

Travel Funding: Approved _____ Rejected _____

Amount of funding approved: _____

Signature: _____

Date: _____

Division Chair