

Travel Request Form

SSWB Finance Business Center

Department/Initiator/Organization (RSO)				Cost Center #		Today's Date						
Individual Yes		or Group Leader Yes		Employee/OPS Yes No		U.S. Citizen Yes No		Student Yes No		NID		
First Name (<i>Print</i>)				M.I.		Last Name						
Address						City			State		Zip	
Email								Phone				
Trip Destination (City & State)					Date & Time of Departure			Date & Time of Return				
Justification or Purpose of Trip								Additional WD Information				
Benefit to Student Body								Fund				
								Program				
Registration (Conference)												
Address				City			State			Zip		
Contact						Phone						
Transportation (Name)												
Address				City			State			Zip		
Contact						Phone						
Hotel (Name)												
Address				City			State			Zip		
Contact						Phone						
Estimated Costs						Detailed Notes or Calculations						
Registration												
Transportation												
Hotel												
Other (Specify)												
TOTAL						ASF Entities Only			Housing Entities Only			
List Additional Funding Sources for This Trip						CRT #						
						SB #						
Advisor's Name (<i>Print</i>) (<i>if applicable</i>)						BL#						
Advisor's Signature (<i>if applicable</i>)						Date						
Traveler's Name (<i>Print</i>)				Date		2 nd Authorized Name (<i>Print</i>)						
Traveler's Signature				2 nd Authorized Signature								