

REQUEST TO TRAVEL FORM

Group: _____ Funding Board/Department: _____
Contact Name: _____ Phone/Email: _____
Destination: _____ Purpose: _____
(City and State) (Conference, Convention, Annual Meeting)
Date of Departure: _____ Time: _____ AM PM
Date of Return: _____ Time: _____ AM PM

Registration Fee: \$ _____ x _____ (# of students) = \$ _____ total Due Date: _____
Website/Address: _____ Payment Method: _____
(Credit Card or Check)
Method of payment: Direct from University Individual(s) Student Organization Advisor
**Attach registration forms*

Transportation Method:
 Personal Car \$ _____ # of vehicles _____
 Air \$ _____ # of tickets _____
 Train/Bus \$ _____ # of tickets _____
 Rental (see below) # of vehicles _____

Method of payment: Direct from University Individual(s) Student Organization Advisor

Rental Vehicle Company _____ Telephone# _____
Company Address _____
Date of Reservation _____ Name of person(s) who made reservation _____
Rental Vehicle Cost per day: \$ _____ + Tax \$ _____ (_____ % tax rate) = \$ _____ total
**Attach list of drivers/passengers, itinerary (airfare, train, bus), quotes, contract, etc.*

Hotel: _____ Telephone# _____

Hotel Address: _____ Tax ID# _____

Cost of Hotel per night: \$ _____ + Tax \$ _____ (_____ % tax rate) = \$ _____ total
(If different rate) \$ _____ + Tax \$ _____ (_____ % tax rate) = \$ _____ total
Indicate: _____ # of nights of stay _____ # of rooms reserved

Total for Entire Stay: \$ _____ Amount Funded by Funding Board: \$ _____

Date of Reservation _____ Name of person(s) who made reservation _____

Method of payment: Direct from University Individual(s) Student Organization Advisor
**Attach hotel quote with confirmation number and total price*

Other Expenses to be Considered provide detailed explanation if miscellaneous:

Taxi Expense \$ _____ Parking Fees \$ _____ Miscellaneous \$ _____

TOTAL COST OF TRAVEL \$ _____ TOTAL AMOUNT FUNDED \$ _____

For DOS use only: FUND _____ ORG _____ PROG _____ ACTIVITY _____

JUSTIFICATION FOR TRAVEL

(How does this benefit your group? What will you gain? What is the advantage to FAU?)

REQUIRED TRAVEL INFORMATION

Student Name	Z Number	Address	Phone	FAU Email	* Code of Conduct & Procedure Agreement
					<input type="checkbox"/> Attached <input type="checkbox"/> On File
					<input type="checkbox"/> Attached <input type="checkbox"/> On File
					<input type="checkbox"/> Attached <input type="checkbox"/> On File
					<input type="checkbox"/> Attached <input type="checkbox"/> On File

*** I have read and agreed to the Student Travel Code of Conduct/Liability Form and Travel Procedure Agreement for the 2009-2010 Academic Year.**

REQUIRED PRE-APPROVALS

I certify all information is accurate and every student traveler is currently enrolled at FAU. I understand my entire student organization will be held accountable for not following Student Travel Policy, University Controller's Office and SG Accounting and Budget Office Travel Policies and Procedures, even in my absence.

Signature of Traveler Print Date

Funding Board/Department Head Print Date

Chair, Student Travel Committee Print Date

Associate Vice President/DOS or designee Print Date
 YES NO

Senior Vice President of Student Affairs or designee Print Date
 (Expense over \$3,000) YES NO