

Date Submitted _____

Student/Organization Travel Worksheet

Name (Advisor/Instructor/Student): _____ Campus: C N P VB

Course/Organization: _____

Departure Date: _____ Time: _____ Return Date: _____ Time: _____

Destination: _____ In State Out of State

Purpose of Trip: _____

ESTIMATED EXPENSES

Number of Students: _____ (Please attach a list of student names along with their Student ID Numbers and a copy of the conference agenda)

Meals (Not included in conference fee): Breakfast # _____ x \$ _____ = \$ _____
 Lunch # _____ x \$ _____ = \$ _____
 Dinner # _____ x \$ _____ = \$ _____
 Total Meals: \$ _____

Lodging (Reference current lodging and meal rates)

Nights # _____ x Rate per Night: \$ _____ = \$ _____

Conference/Convention Hotel

(Attach hotel confirmation reservation form) No Yes Conference Dates: _____

Registration Fees # _____ x Fee/Person: \$ _____ = \$ _____

Number of Vehicles: _____

Mode of Transportation (Indicate all modes necessary for this event)

Air Train Taxi Personal Vehicle College Vehicle State Vehicle Rental Vehicle

Car Rental: Days # _____ x Rate per Day: \$ _____ = \$ _____

Round Trip Mileage: _____ x Rate per Mile: \$ _____ = \$ _____

Parking and Tolls: \$ _____

Miscellaneous: (Please itemize) _____ \$ _____

I request a Travel Advance in the amount of: \$ _____

I request a Registration Fee to be paid in advance by (Date): _____ \$ _____

Advisor/Instructor Signature: _____ Date: _____

Student Activities Coordinator or Designee: _____ Date: _____

Preparation of this document is mandatory for all travel. Completed forms must be attached to your travel reimbursement voucher.

FOR OFFICE USE ONLY

Date Received: _____ Notification to Security: _____

Comments: _____