

# STUDENT TRAVEL APPROVAL

Physical, Life, Movement and Sport Sciences

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Warrior ID #: \_\_\_\_\_

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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 or No

Estimated Expenses:

Airfare: \_\_\_\_\_ Do you need assistance making your reservation? Yes or No  
**Save itinerary, make copy and give original to Connie.**

Lodging: \_\_\_\_\_ Ask for tax-exempt, government rate.  
**Save check-out receipt and give to Connie upon return.**

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

Rental/Taxi: \_\_\_\_\_ **Save taxi/shuttle receipts and give to Connie upon return.**

Registration: \_\_\_\_\_ **Please provide Connie 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