**STUDENT TRAVEL APPROVAL**

# Physical, Life, Movement and Sport Sciences

Date:

Name: Warrior ID #:

Name: Warrior ID #:

Name: Warrior ID #:

Name: Warrior ID #:

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

9/20/21

Amount of funding approved: Signature:

Division Chair

Date: