

STUDENT TRAVEL REQUEST FORM



PO BOX 7718
EWING TOWNSHIP, NJ 08638

| | | |
|--|------------------------------------|-----------------------|
| Student Name (Last, First) | Student Phone Number (home) | Campus Phone |
| Title of Conference, Convention or Activity | | |
| Dates of Travel: From To Location (City & State) | | |
| Title of Conference, Convention or Activity | | |
| Dates of Program: From To | | |
| <i>Description of activity and reason for attendance and other students traveling to same event:</i> | | |
| | | |
| Classes Missed (If additional space is needed, continue on reverse side) | | |
| Course# | Course Title | Time & Day |
| | | Location |
| | | Instructor |
| | | |
| | | |
| | | |

Supervising Faculty Member (please print)

Signature:

Complete all financial information:

Items

Expenses

Registration

Tuition

Meals

Hotel

Mileage

Airfare

Location

Airport

Train Fare

Car Rental (justification letter required)

Miscellaneous Expense

Total

_____ **0**

**Total Amount Authorized
by department/office:**

Account number

Additional Comments:

WHEN PROCESSING DOCUMENTS FOR PAYMENT, ORIGINAL RECEIPTS FOR ALL EXPENSES MUST BE SUBMITTED, EVEN FOR PARTIAL REIMBURSEMENTS.

| | |
|--|--------------------------|
| Department Approval | School Approval |
| _____ | _____ |
| Signature of Chairperson/Director | Signature of Dean |
| _____ | _____ |
| Date | Date |
| _____ | _____ |

Your signature below indicates the authority to approve payments through the specific chartfields provided, and confirms that the funds have been allocated and are available.