



**Committee Member
Attendees Fiscal Year 2023-2024**

Registered Student Organization (RSO) Name: _____

Group Leader's Name: _____ Conference Location: _____

Departure Date: _____ Return Date: _____

	Student Traveler's First Name (Printed or Typed)	Middle Initial	Student Traveler's Last Name (Printed or Typed)	Status		NID	Signature of Traveler	
				U.S. Citizen	Non-U.S. Citizen			
1.								1.
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25.								25.

	Staff Member's Name (Printed or Typed)	Status		NID	Signature of Traveler	
		U.S. Citizen	Non-U.S. Citizen			
1.						1.
2.						2.

Group Travel Leader Signature

Date

Use Additional Forms as Needed