

Travel Request Form

SSWB Finance Business Center

Department/Initiator/Organization (RSO)				Cost Center #		Today's Date	
Individual Yes		or Group Leader Yes		Employee/OPS Yes No		U.S. Citizen Yes No	
						Student Yes No	
First Name (<i>Print</i>)				M.I.		Last Name	
Address				City		State	Zip
Email						Phone	
Trip Destination (City & State)				Date & Time of Departure		Date & Time of Return	
Justification or Purpose of Trip						Additional WD Information	
						Fund	
Benefit to Student Body						Program	
Registration (Conference)							
Address		City		State		Zip	
Contact				Phone			
Transportation (Name)							
Address		City		State		Zip	
Contact				Phone			
Hotel (Name)							
Address		City		State		Zip	
Contact				Phone			
Estimated Costs				Detailed Notes or Calculations			
Registration							
Transportation							
Hotel							
Other (Specify)							
TOTAL				ASF Entities Only CRT # SB # BL#		Housing Entities Only	
List Additional Funding Sources for This Trip							
Advisor's Name (<i>Print</i>) (<i>if applicable</i>)							
Advisor's Signature (<i>if applicable</i>)				Date			
Traveler's Name (<i>Print</i>)		Date		2 nd Authorized Name (<i>Print</i>)			
Traveler's Signature				2 nd Authorized Signature			