



Anticipated Travel Expense Form

Club / Organization Name _____

Club Advisor _____ Phone _____ Room _____

Event _____

Date(s) _____

Location _____

Mode of Transportation _____

Registration Fee \$ _____ x _____ = \$ _____
(# of students)

Meals \$ _____ x _____ x _____ = _____
(Per Day) (# of students) (# of days)

Lodging \$ _____ x _____ x _____ = _____
(Per Day) (# of rooms) (# of days)

Transportation \$ _____ x _____ = _____
(# of students)

Miscellaneous Expenses: Tolls _____ Taxis _____ Gas _____ Other _____

Total Anticipated Expenses _____

Total Amount Organization Will Contribute _____

Total Amount Requested From Student Life Funds _____

Signature of Club / Organization President Date

Signature of Club Advisor Faculty/Staff Chaperone Date

Student (If unaffiliated with a campus organization)

Student Life Funds Committee Recommendation
Yes ___ No ___

Director of Student Life Approval Date

Amount Allocated \$