



Request for Travel Funds Form

Student Life Department Room 1227
Phone: (305)237-8904 Fax: (305)237-8917

Please complete and submit this form with supporting documentation to the Student Life Department, Room 1227 at least six (6) weeks before travel dates. Upon immediate return from your trip please submit all original receipts to the Student Organization Coordinator in Student Life Department.

Date of Request: _____

Originator: _____

Department: _____ Phone: _____ Room: _____

Faculty/Staff accompanying students: _____

Attach Approved P-2 Form

Number of Student Organization Members: _____

Number of Students Attending: _____

Conference Name: _____

Location: _____

Conference Dates: _____

Departure Date: _____ Return Date: _____

Departure Time: _____ Return Time: _____

Reasons for Attending: _____

Type of Transportation (i.e. airfare, car, van or bus): _____

Note: Travel by car/van is limited to the State of Florida

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Anticipated Travel Expense

Registration Fee \$ _____ X _____ = _____
Number of Student/Faculty/Staff

Meals \$ _____ X _____ X _____ = _____
Cost Per Day Number of Days Number of Students

Lodging \$ _____ X _____ X _____ = _____
Cost Per Day Number of Days Number of Rooms

Transportation \$ _____ X _____ = _____
Cost Per Day Number of Days

Airfare \$ _____ X _____ = _____
Number of Students

Miscellaneous Expenses: Tolls _____ Taxi _____ Gas _____ Other _____

Total Cost of Trip = _____

Total Amount Organization will Contribute = _____

Total Amount Requested = _____

Signature of Organization President _____ Date _____ Signature of Faculty/Staff Chaperone _____ Date _____

For Office Use Only

Reviewed _____ Approved _____ Denied _____
Signature of Director of Student Life Date

Reviewed _____ Approved _____ Denied _____
Signature of Dean of Students Date