

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:

<u>Items</u>	<u>Expenses</u>
<u>Registration</u>	_____
<u>Tuition</u>	_____
<u>Meals</u>	_____
<u>Hotel</u>	_____
<u>Mileage</u>	_____
<u>Airfare</u>	_____
<u>Location</u>	_____
<u>Airport</u>	_____
<u>Train Fare</u>	_____
<u>Car Rental (justification letter required)</u>	_____
<u>Miscellaneous Expense</u>	_____
<u>Total</u>	=====

**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.