

**STUDENT TRAVEL REQUEST FORM**



PO BOX 7718  
EWING TOWNSHIP, NJ 08638

<b>Student Name (Last, First)</b>	<b>Student Phone Number (home)</b>	<b>Campus Phone</b>
<b>Title of Conference, Convention or Activity</b>		
<b>Dates of Travel: From To Location (City &amp; State)</b>		
<b>Title of Conference, Convention or Activity</b>		
<b>Dates of Program: From To</b>		
<i>Description of activity and reason for attendance and other students traveling to same event:</i>		
<b>Classes Missed (If additional space is needed, continue on reverse side)</b>		
<b>Course#</b>	<b>Course Title</b>	<b>Time &amp; Day</b>
		<b>Location</b>
		<b>Instructor</b>

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>	<u>0</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.**

<b>Department Approval</b>	<b>School Approval</b>
_____	_____
<b>Signature of Chairperson/Director</b>	<b>Signature of Dean</b>
<b>Date</b>	<b>Date</b>
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.	