

**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	
Description of activity and reason for attendance and other students traveling to same event:				
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>	<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.**

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