

# Club Advisor Travel Request Form

Revised 07/13/15 – Director of Campus Life

Cost Center #: \_\_\_\_\_ Club: \_\_\_\_\_ Date: \_\_\_\_\_

Person Making Request: \_\_\_\_\_ Employee Payroll ID: \_\_\_\_\_

Date and time of travel: \_\_\_\_\_

Traveling to: \_\_\_\_\_

Purpose/Activity: \_\_\_\_\_

Type of Club Activity (please check):

Club Trip: \_\_\_\_ Student Conference: In state: \_\_\_\_ Out of state: \_\_\_\_ Advisor Training: \_\_\_\_ Other: \_\_\_\_

How will classes/duties be covered? \_\_\_\_\_

Division Dean/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**AN AGENDA AND/OR A MEETING NOTICE MUST BE ATTACHED TO THIS FORM.**

Please estimate ALL expenses for the trip. Costs for students and advisors should be separate. **Attach a list of students traveling** (name/student ID).

If you want the college to pay for the registration, lodging, tickets, etc. you must also request that a purchase order be issued to the vendor for the services prior to travel taking place.

<b><u>Costs for Student Club Members</u></b>	<b><u>Costs for Club Advisor</u></b>
Club Cost Center: _____	Student Life Cost Center: _____
Mileage: (Attach MapQuest) ..... \$ _____	Mileage: (Attach MapQuest) ..... \$ _____
Tickets/Airfare (round trip) ..... \$ _____	Tickets/Airfare (round trip) ..... \$ _____
Lodging: ____ nights @ ____ per night \$ _____	Lodging: ____ nights @ ____ per night \$ _____
Registration: ..... \$ _____	Registration: ..... \$ _____
Meals: ____ days @ ____ per day ..... \$ _____	Meals: ____ days @ ____ per day ..... \$ _____
Student Club Activity Payment: ..... \$ _____ (\$ _____ each Saturday, Sunday or overnight)	Student Club Activity Payment: ..... \$ _____ (\$ _____ each Saturday, Sunday or overnight)
Other (Specify): ..... \$ _____	Other (Specify): ..... \$ _____
<b>Total Estimated Cost:</b> ..... \$ _____	<b>Total Estimated Cost:</b> ..... \$ _____
List portion of travel cost paid by an outside vendor: \$ _____ Vendor Name: _____	List portion of travel cost paid by an outside vendor: \$ _____ Vendor Name: _____

**Director for Campus Life Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Required for student club activity payment)

**President:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Required for out-of-state travel only)