



Club Advisor Travel Request Form

Revised 09/24/18 – 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.

<u>Costs for Student Club Members</u>	<u>Costs for Club Advisor</u>
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): \$ _____
Total Estimated Cost: \$ _____	Total Estimated Cost: \$ _____
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) (Signature) (Print)
(Required for out-of-state travel only).....

Dean of Enrollment Management Approval: _____ Date: _____
 (Signature) (Print)

Vice President of Academic and Student Affairs Approval: _____ Date: _____
 (Signature) (Print)

President Approval: _____ Date: _____