



Individual Travel
Group Travel

ASSOCIATED STUDENTS, INC

Number of Staff and Student Employees
Number of participants

Request for Travel and Per Diem: THIS TRAVEL REQUEST FORM MUST BE SUBMITTED WITH SUPERVISOR'S SIGNATURE APPROVAL NO LESS THAN TWO DAYS PRIOR TO TRAVEL. TRAVEL NOT ADHEREING TO THIS DEADLINE WILL NOT BE APPROVED.

Name:		Title			
Address:		City	State	ZIP	
Dept. Contact:		EXT.	Dates of Trip		
Destination			Purpose of trip		

PER DIEM EXPENSES: TO BE PAID BY CHECK TO TRAVELER PRIOR TO TRIP	AMOUNT
Per Diem: Food (Attach food schedule)	
Mileage (58 cents per mile, Attach map showing mileage)	
Misc :\$7/day after first 24 hrs & each full 24 hrs after	
SUBTOTAL PER DIEM EXPENSES	

OTHER EXPENSES (Provide documentation for cost estimate & original itemized receipts upon return)

	AMOUNT
Registration	
Hotel	
Air Fare	
Auto Rental	
Shuttle/Taxi	
Parking (Reimbursed to traveler with itemized receipt)	
Other (Provide complete explanation)	

SUBTOTAL OTHER EXPENSES (Paid to vendor by ASI check or credit card)

TOTAL ESTIMATED COST OF TRIP	
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- If claiming mileage, we are required to know the license plate number of your car. Please post here:**

Signature of Traveler:					Date:	
Print Name & Title:					EXT:	
Funding Source:	Account 606001	Fund 90001	Dept	Class	Amount	

Approving Authorities		
Supervisor		Date:
Executive Director / Designee		Date:
AVP Student Life		Date: