

## TRAVEL REQUEST FORM

**This form must be submitted with: a Risk Assessment Form, a copy of the minutes from the meeting the travel was discussed, letter of intent from each member traveling, a copy of all drivers' license and proof of insurance (when applicable) and a conference information/verification document to the OSL 6 weeks before travel date.**

\*\*If you travel without approval, you will not be reimbursed and club will face possible sanction. \*\*

Student Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Additional Students: \_\_\_\_\_

Organization Name \_\_\_\_\_

Student Address \_\_\_\_\_ Student Telephone \_\_\_\_\_

Are you a registered member of the organization? \_\_\_ Yes \_\_\_ No (Verified by OSL) \_\_\_ Yes \_\_\_ No

Are you local, state or national representative? \_\_\_ Yes \_\_\_ No

Name of Conference you wish to attend \_\_\_\_\_

Location of Conference (City and State) \_\_\_\_\_ Dates of Conference \_\_\_\_\_

Where do you intend to stay? (check one) \_\_\_ with friends \_\_\_ Hotel

Name of hotel \_\_\_\_\_

Address of hotel \_\_\_\_\_

Number of people in a room: \_\_\_\_\_ Number of rooms: \_\_\_\_\_ How many nights will you stay? \_\_\_\_\_

Mode of Transportation (please check one) \_\_\_ Automobile \_\_\_ Airplane \_\_\_\_\_ Other (please list)

If automobile, estimated number of people in automobile \_\_\_\_\_

### PRE-TRAVEL ESTIMATED BUDGET

**Expenses must not exceed \$25 of estimated costs or the organization will be responsible for the difference**

Conference/ Registration fees \$ \_\_\_\_\_

Round trip airfare from Toledo, Detroit, Cleveland (per person) \$ \_\_\_\_\_

Taxi, subway, bus fare from airport to hotel \$ \_\_\_\_\_

Taxi, subway, bus fare from hotel to conference \$ \_\_\_\_\_

If driving, estimated number of miles \_\_\_\_\_ X estimated reimbursement per mile \_\_\_\_\_ = \$ \_\_\_\_\_

Meals not provided by conference (cannot exceed per diem amount established by federal gov.) \$ \_\_\_\_\_

Other expenses (please specify \_\_\_\_\_) \$ \_\_\_\_\_

**Total Estimated Cost** \$ \_\_\_\_\_

**Requested Source of Funds: OSL (state funding) \$ \_\_\_\_\_ UT Foundation \$ \_\_\_\_\_**

**Other (Please identify)** \_\_\_\_\_

Approved by: \_\_\_\_\_ Date Approved \_\_\_\_\_

Director or Activities Coordinator Office of Student Life

Date