

Travel Form for Student Organizations (10/10)

Traveler's Name and Social Security Number: (Group travel: please provide list of all travelers at bottom of form)

 (Name - Must be a [Principal Member](#) of Student Organization) (Social Security #)

Mailing Address: _____
 (Address) (City, State, Zip)

Phone: _____ Email: _____

Is the traveler employed by the University? Yes No U.S. Citizen? Yes No (If No: Visa type _____)

Name of [Student Organization](#): _____

Trip Name (Event/Conference/Competition): _____

Brief Description/Purpose of Trip _____

Trip Destination (City & State): _____

Departure Date & Time: _____ Return Date & Time: _____

FUNDING SOURCE (Indicate all that applies):

*You must have received Associated Student or Triton Community Funding to be reimbursed for travel.

Associated Students Triton Community Other: _____

FUNDING TO BE USED TOWARDS:

TRANSPORTATION:

Private Automobile*: [Mileage](#) Total [Miles](#): _____

*If multiple vehicles, each driver must complete a separate travel form to receive mileage reimbursement.

Airfare: Please provide itinerary that includes: Departure & Arrival Date, Time, City & State

REGISTRATION: Would you like us to pre-pay your Registration? Yes No

LODGING: Provide Receipts

OTHER: _____

TOTAL AMOUNT TO BE PAID OR REIMBURSED \$ _____

Traveler Signature and Acknowledgment:

Above is a true statement of travel expenses incurred by me on official University business on the dates shown and I will provide original receipts for each expense.

Traveler _____
 (Signature) (Printed Name) (Date)

Additional Traveler's Name for Group Travel	US Citizen? Y or N (If no indicate Visa Type)
Continue on back of form or on separate page if needed	