STUDENT TRAVEL REQUEST

Name: ____________________________  Banner ID: ____________________________

Cell Phone: ____________________________  Email Address: ____________________________

(Attach a separate sheet of paper listing names, Banner IDs, cell phone numbers, and email addresses for other students traveling with this group.)

Student Group: ____________________________  Student Group Advisor: ____________________________

Purpose of Trip: ____________________________

(Attach event brochure or pages from event web site.)

Destination/Location: ____________________________  Event Dates: ____________________________

Date/Time of Departure: ____________________________  Date/Time of Return: ____________________________

(Departure date and time from St. Louis)  (Return date and time from destination)

Travel Budget:

Airfare: $_________ (# of airline tickets _____ @ $_________ each)

Registration: $_________ (# of registrations _____ @ $_________ each)

Lodging: $_________ (# of rooms _______ @ $_________ each X # of nights ____)

Hotel Name: ____________________________
Address: ____________________________
Phone #: ____________________________

Is this the event hotel? (circle one)  Yes  No

Car/Van Rental: $_________ (# of vehicles _____ @ $_______ each X # of days ____)

Gas: $_________          

Other: $_________ (Explanation: ____________________________)

Total: $_________          

Source of Funding: ____________________________  Maximum Amount of Funding: ____________________________

Attach approved APCS Expenditure Request Form if funded by student group’s SGA allocation.

Additional Notes: ____________________________

I agree to provide the Parks College Dean’s Office all receipts pertaining to this trip immediately upon my return.

Student Signature (Travel Leader) ____________________________  Date ____________________________

Student Group Advisor Signature ____________________________  Date ____________________________