

SOUTH TEXAS COLLEGE

STUDENT ORGANIZATION TRAVEL AUTHORIZATION

Name of the Student Organization Traveling: _____ Trip Destination: _____

Purpose of Trip: _____

Time & Date of Event: _____ am/pm _____ am/pm _____
(Time) (Date) (Time) (Date)

Departure Time: _____ am/pm _____ am/pm _____
(Time) (Date) (Time) (Date)

<p style="text-align: center;">Registration/Admission</p> <p>Fee Required: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Due Date: _____ W9 Attached: <input type="checkbox"/> Yes</p> <p>Name of Vendor: _____</p> <p>Amount: _____ Itinerary Attached: <input type="checkbox"/> Yes</p> <p>Registration/Admission Forms Attached: <input type="checkbox"/> Yes</p> <p>Special Instructions: _____</p>	<p style="text-align: center;">Lodging</p> <p>Lodging Required: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of Hotel: _____</p> <p>Due Date: _____ W9 Attached: <input type="checkbox"/> Yes</p> <p>Amount for Hotel: _____ Confirmation Attached: <input type="checkbox"/> Yes</p> <p>Confirmation # for Hotel: _____</p> <p>Special Instructions: _____</p>
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<p style="text-align: center;">Per Diem</p> <p>Per Diem Required: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Total Amount for Meals: _____</p> <p>Make Check Payable To: _____</p> <p>A #: _____</p> <p>Special Instructions: _____</p>	<p style="text-align: center;">Transportation</p> <p>Transportation Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Invoice Attached: <input type="checkbox"/> Yes</p> <p>Mode of Transportation: _____</p> <p>Copy of Driver's Insurance Card Attached, if Driving: <input type="checkbox"/> Yes</p> <p>Name of Vendor: _____</p> <p>Amount for Transportation: _____ Gasoline Amount: _____</p> <p>Special Instructions: _____</p>
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of Students Traveling: _____ # of STC Employees Accompanying Students: _____ Employee Travel Authorization submitted on (Date): _____

	Worktag	Amount	Spend Category
Agency:			2300: CY Deposits Held - Other Outflow
Gift:			
Auxiliary:			
Unrestricted:			

Total Trip Cost: _____

Contact Person, Name: _____ Phone Number: _____

Assigned Employee to Return All Receipts (Print Name) _____ (Signature) _____ Date _____

Agency Manager (Print Name) _____ (Signature) _____ Date _____

Student Organization Officer (Print Name) _____ (Signature) _____ Date _____

Student Organization Officer (Print Name) _____ (Signature) _____ Date _____

Director of Student Activities & Wellness (Print Name) _____ (Signature) _____ Date _____

Vice President for Student Affairs and Enrollment Management (Out of State) _____ (Signature) _____ Date _____