## SOUTH TEXAS COLLEGE STUDENT ORGANIZATION TRAVEL AUTHORIZATION

| Name of the Student Orga                 | nization Traveling:                              |  |                            |
|--|--|--|----------------------------|
| Trip Destination:                        |  |  |                            |
| Purpose of Trip:                         |  |  |                            |
| Time & Date of Event:                    | am/pm  | То   | am/pm                      |
|  | (Time) (Date                                     | e) (Time)  | (Date)                     |
| Departure Time:                          | am/pm(Date)                                      | Return Time:   | am/pm(Date)                |
| Rec                                      | gistration/Admission                             | Lod  |                            |
| Fee Required: Yes                        | No   | Lodging Required: Yes No                               | _                          |
| Due Date:                                | <br>W9 Attached: Yes                             | Name of Hotel:   |                            |
| Name of Vendor:                          | worktached res                                   | Due Date:  | W9 Attached: Yes           |
| Amount:                                  | Itinerary Attached: Yes                          | Amount for Hotel:                                      | Confirmation Attached: Yes |
| Registration/Admission Fo                | <del></del>                                      | Confirmation # for Hotel :                             |                            |
| Please Select One:                       |  | Please Select One:                                     |                            |
| Mail Check to vendor sp                  | pecified above                                   | Mail Check to hotel specified above                    |                            |
| Hold check for pick up by:               |  | Hold check for pick up by:                             |                            |
| Special Instructions:                    |  | Special Instructions:                                  |                            |
|  |  |  |                            |
|  | Per Diem   | _  | oortation                  |
| Per Diem Required:YesNo                  |  | Transportation Required:YesNo                          |                            |
| Total Amount for Meals:                  |  | Mode of Transportation:                                |                            |
| Make Check Payable To:                   |  | Copy of Driver's Insurance Card Attached               | d, if Driving: Yes         |
| A #:                                     |  | Name of Vendor:  |                            |
| Please Select One:                       |  | Amount for Transportation:                             |                            |
| Mail Check to individual specified above |  | Invoice/Quote Attached: Yes                            |                            |
| Hold check for pick up by:               |  | Please Select One:                                     |                            |
| Special Instructions:                    |  | Mail Check to individual specified above               |                            |
|  |  | Hold check for pick up by: Special Instructions:       |                            |
|  |  | Gasoline Amount:                                       |                            |
| # of Students Traveling:                 | # of STC Employees Accompanying Stude            | ents: Employee Travel Authorization                    | on submitted on (Date):    |
| _  |  |  |                            |
|  | ration, Lodging, Per Diem and Transportation):   |  |                            |
| Charge Expenses to (Agency Worktag):     |  | Spend Category: 2300: CY Deposits Held - Other Outflow |                            |
| Contact Person, Name:                    |  | Phone Number:  |                            |
| * Receints are due to the R              | usiness Office within 3 working days after the t | rin  |                            |
| neceipts are due to the b                | asiness office within 5 working days after the t |  |                            |
|  |  |  |                            |
| Assigned Employee to Return              | n All Receipts (Print Name)                      | (Signature)  | Date                       |
|  |  |  |                            |
| Agency Manager (Print Name               |  | (Signature)  | <br>Date                   |
| Agency Manager (Fillit Name              | =)   | (Signature)  | Bute                       |
|  |  |  |                            |
| Student Organization Officer             | (Print Name)                                     | (Signature)  | Date                       |
|  |  |  |                            |
|  | _  |  |                            |
| Student Organization Officer             | (Print Name)                                     | (Signature)  | Date                       |
|  |  |  |                            |
| Director of Student Activities           | 9. Wallness (Print Nama)                         | (Signature)  | Data                       |
| Director or Student Activities           | a meniness (Linit inquine)                       | (Signature)  | Date                       |
|  |  |  |                            |
| Vice President for Student Afr           | fairs and Enrollment Management (Out of State)   | (Signature)  | <br>Date                   |