

Name of the Student Organization Traveling: _____

Trip Destination: _____

Purpose of Trip: _____

Time & Date of Event: _____ am/pm _____ To _____ am/pm _____

Departure Time: _____ am/pm _____ Return Time: _____ am/pm _____

of Students Traveling: _____ # of STC Employees Accompanying Students: _____ Employee Travel Authorization submitted on (Date): _____

Trip Expense Total (Registration, Lodging, Per Diem and Transportation): \$ _____

Charge Expenses to (Agency Worktag): _____ Spend Category: 2300: CY Deposits Held - Other Outflow

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