

SOUTH TEXAS COLLEGE

STUDENT ORGANIZATION TRAVEL AUTHORIZATION

Name of the Student Organization Traveling: _____

Trip Destination: _____

Purpose of Trip: _____

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

Departure Time: _____ am/pm _____ Return Time: _____ 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>Please Select One:</p> <p><input type="checkbox"/> Mail Check to vendor specified above</p> <p><input type="checkbox"/> Hold check for pick up by: _____</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>Please Select One:</p> <p><input type="checkbox"/> Mail Check to hotel specified above</p> <p><input type="checkbox"/> Hold check for pick up by: _____</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>Please Select One:</p> <p><input type="checkbox"/> Mail Check to individual specified above</p> <p><input type="checkbox"/> Hold check for pick up by: _____</p> <p>Special Instructions: _____</p>	<p style="text-align: center;">Transportation</p> <p>Transportation Required: <input type="checkbox"/> Yes <input type="checkbox"/> No</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: _____</p> <p>Invoice/Quote Attached: <input type="checkbox"/> Yes</p> <p>Please Select One:</p> <p><input type="checkbox"/> Mail Check to individual specified above</p> <p><input type="checkbox"/> Hold check for pick up by: _____</p> <p>Special Instructions: _____</p> <p>Gasoline Amount: _____</p>
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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 (Fund Code): _____ Account Code: 270004

Contact Person, Name: _____ Phone Number: _____

* Receipts are due to the Business Office within 3 working days after the trip.

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

Financial 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