

SOUTH TEXAS COLLEGE
STUDENT TRAVEL AUTHORIZATION
 (For Instructional Programs and Dual Enrollment Students Only)

Name of the Group 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 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 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 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 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(s) submitted on (Date): _____

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

Charge Expenses to: Fund Code _____ Organization Code _____ Account Code _____ Program Code _____

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

 Full-Time Faculty/Staff Member Traveling with Students (Print Name) (Signature) Date

 Financial Manager (Print Name) (Signature) Date

 Dean/Director (Print Name) (Signature) Date

 Division Vice President (Signature) Date