

- ☐ NORTH CAMPUS
- $\hfill \square$  MEDICAL CENTER CAMPUS
- ☐ HIALEAH CAMPUS
- $\square$  KENDALL CAMPUS
- $\square$  WOLFSON CAMPUS
- $\Box$  HOMESTEAD CAMPUS  $\Box$  INTERAMERICAN CAMPUS



## Anticipated Travel Expense Form

Club / Organization	n Name				
Club Advisor			_ Phone	Room	
Event					
Date(s)					
Location					
Mode of Transport	ation				
Registration Fee	\$	X(# of s	students) =		_
Meals	\$(Per Day)	X (# of students)	$x _{\text{(# of days)}} = _{}$		_
Lodging	\$(Per Day)	(# of rooms)	$x_{\frac{\text{(# of days)}}{}} = \underline{\hspace{1cm}}$		_
Transportation	\$	X(# of st	tudents) =		-
Miscellaneous Exp	enses: Tolls	Taxi	Gas	Other	
Total Anticipated F Total Amount Orga Total Amount Requ	anization Will Co				
Signature of Club / Organiza	tion President	Date	Signature of Club Adviso	r Faculty/Staff Chaperone	Date
Student (If unaffiliated with a campus organization)			Student Life Funds Committee Recommendation Yes No		
	Director of Student Life Approval		Date		