

Anticipated Travel Expense Form



Medical Campus
Student Life

Club / Organization Name _____

Club Advisor _____ Phone Number _____ Room Number _____

Event _____ Date(s) _____

Location _____ Mode of Transportation _____

Registration: _____ X _____ = _____
(Fee) (# of Persons)

Faculty/Student Meals: _____ X _____ X _____ = _____
(# Days for Breakfast) (Cost per Breakfast) (# of Persons)

_____ X _____ X _____ = _____
(# Days for Lunch) (Cost per Lunch) (# of Persons)

_____ X _____ X _____ = _____
(# Days for Dinner) (Cost per Dinner) (# of Persons)

Other Expenses:

Transportation = _____

Automobile Bus Air

Train

Lodging = _____

Fees = _____

Misc = _____
(Taxi, Tolls, Gas)

Registration Total: _____ = _____

Meal Total: _____ = _____

Other Expenses Total: _____ = _____

Total Anticipated Expenses: _____ = _____

Total Amount Organization Will Contribute: _____ = _____

Total Amount Request From Student Life Funds: _____ = _____

Signature of Club / Organization President _____ Date _____

Signature of Club Advisor Faculty/Staff Chaperone _____ Date _____

Student (If unaffiliated with a campus organization) _____

Student Life Funds Committee Recommendation
 Yes No

Director of Student Life Approval _____ Date _____

Amount Allocated \$ _____