***STUDENT TRAVEL REQUEST FORM***

***OFFICE OF BUDGET AND FINANCE PO BOX 7718 EWING TOWNSHIP, NJ 08638***

**Student Name (Last, First) Student Phone Number (home) Campus Phone**

**Title of Conference, Convention or Activity**

**Dates of Travel: From To Location (City & State)**

**Title of Conference, Convention or Activity Dates of Program: From To**

***Description of activity and reason for attendance and other students traveling to same event:***

**Classes Missed (If additional space is needed, continue on reverse side)**

**Course# Course Title Time & Day Location Instructor**

**Supervising Faculty Member (please print) Signature:**

***Complete all financial information:***

***Items Expenses***

***Registration Tuition Meals Hotel Total Amount Authorized Mileage by department/office: Airfare***

***Location Account number Airport Train Fare Car Rental (justification letter required) Additional Comments: Miscellaneous Expense Total 0***

**WHEN PROCESSING DOCUMENTS FOR PAYMENT, ORIGINAL RECEIPTS FOR ALL EXPENSES MUST BE SUBMITTED, EVEN FOR PARTIAL REIMBURSEMENTS.**

**Department Approval School Approval**

**Signature of Chairperson/Director Date Signature of Dean Date**

Your signature below indicates the authority to approve payments through the specific chartfields provided, and confirms that

the funds have been allocated and are available.

***OFFICE OF FINANCE & BUSINESS SERVICES***