

STUDENT TRAVEL AUTHORIZATION FORM

GENERAL INFORMATION	
Student Name: _____	TA# _____
CID: _____	Email: _____
Purpose of Trip: _____ (Attach conference agenda)	

ITINERARY (please submit agenda)	
Departure Date: _____	Departure Time: _____
Return Date: _____	Return Time: _____
Destination: _____	

ESTIMATED EXPENSES		
Registration		
Airfare		
Mileage @.545		# of miles: _____ at \$0.545 Google Maps
Meals (will automatically be calculated based on depart/return times)		Coordination of travel must occur when two, three, or four employees travel on the same dates with the same official State business. When coordination of travel is required, only one employee may be reimbursed for mileage. See Mileage Reimbursement on the Travel Office's website.
Hotel		# of nights: _____ Rate: _____ Federal Rate Table
Hotel Tax		
Baggage Fees		
Taxi/Shuttle/Tolls		
Public Transportation		
Airport Parking		
Hotel Parking		

Student Signature

Supporting Faculty Signature

Department Chair/Director Signature