

Sponsor/Student Travel Request

Date:			<u>-</u>	Vendor #:			
		Travel Requsi	tions must be	entered in eFinance F	Plus 15 days p	rior to trip.	
Employee				Campus/Department			
Purpose							
	(Group) (Specify level/class)			(Event)			
Above Distri	ct? *	YES	NO	City			
				rict Event" is one for which sy budgeted funds. A list (
Departure:				Return:			
·	Date	Time AM/PN	Л		Date	Time AM/PM	-
Emergency l	Phone numbe	r (MANDATOR	Y):				
	NCE REQUEST	ED: Should be	entered on th	e requisition			
Meals					Account	code(s) to be charged	
		=	@	= \$	6412		
# Students	# Meals	Total Meals		Student Meals	Account	Budget Unit	Amount
			•	ć	6412	Budget Unit	A 200 0 1 1 10 1
# Sponsor(s)	# Meals	= Total Meals	@	= \$ Sponsor Meals	Account	Budget Unit	Amount
			oto)	3porisor ivieais	Account	Budget Unit	Amount
Comments: (ex. no overnight, AF paying, etc)					Account	Budget Offit	Amount
				= \$	='	l equal advance requested	
				Total Meal Advanc	e		Total
OTHER EST	IMATED COS	TS:					
Transporta	tion			Additional Inform	nation		
Mode of Transportation							
Students				(Comments/Confirmation#/Trip#)			
Sponsors				(Comments/Commination	on#/ (rip#)		
эронзогз			ļ	Lease/Charter Vehicle C	`omnany		Est. Total
Lodging				Additional Information			LSt. Total
	# Males	# Females	# Rooms]	10.0.0		
Students	# IVIales	# remales	# NOUIIIS	Hotel Name			
Students							
Sponsors				Comments			
		Total Rooms			X	=	
						t per room	Est. Total
Other Estin	nated Expens	ses (list regist	ration/entry	fees and any other	costs associa	ated with this trip)	
Description of Expense Amount			Description	of Expense	Amount		
Description of I	Expense		Amount	Description	ot Expense	Amount	Est. Total
					Estima	ted Total Cost of Trip	
		A TRAVEL R	ECAP MUST BE	SUBMITTED WITHIN 5	DAYS OF YOUR	RETURN =	