



## Estimated Cost of Travel

Date: \_\_\_\_\_

This form is required to be filled out and approved PRIOR to traveling. Actual receipts are required for any requested reimbursement.

Student Organization Name: \_\_\_\_\_

Requestor: \_\_\_\_\_ Title: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

\_\_\_\_\_

Destination: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

### Estimated Cost of Travel

Registration Fee: \$ \_\_\_\_\_

Airfare: \$ \_\_\_\_\_

Lodging: \$ \_\_\_\_\_

Personal Vehicle Mileage: \_\_\_\_\_ x .575 = \$ \_\_\_\_\_

Other Costs: (i.e. cab, shuttle, baggage check, airport parking, etc) \$ \_\_\_\_\_

Total Estimated Cost of Travel \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date