



ASSOCIATED STUDENTS, INC

2013-2014 STUDENT CLUB/ORGANIZATION ACCOUNT TRAVEL REQUEST

CLUB/ORGANIZATION & ACCOUNT INFORMATION

Club/Organization Name: _____ Account No.: _____ Date: _____

Applicant Name: _____

DATE RECEIVED
ASI OFFICE

Current Balance \$ _____

TRAVEL DETAILS & INFORMATION

Destination(s) Including Stopovers: _____

Purpose of Travel: _____

Anticipated Departure: Date: _____ Time: _____ AM PM

Anticipated Return: Date: _____ Time: _____ AM PM

TRAVEL COST ESTIMATES

Air: name of carrier _____ \$ _____

Private Vehicle _____ miles @ \$0.50 per mile Other: _____ \$ _____

Hotel:
Costs _____ nights @ \$ _____ rate per night \$ _____

Costs _____ nights @ \$ _____ rate per night \$ _____

Meals:
Breakfast _____ @ \$10.00 Lunch _____ @ \$15.00 Dinner _____ @ \$25.00 \$ _____

Incidentals _____ @ \$5.00 per 24hr period \$ _____

Other Costs _____ \$ _____

TOTAL ESTIMATED COST OF TRIP \$ _____

DATE RECEIVED
AUXILIARY OFFICE

DISBURSEMENT INFORMATION

Advance Required: YES NO Check to be picked up: YES NO or Mailed to:

Signature of Applicant: _____

SIGNATURES & APPROVALS

CLUB/ORGANIZATION AUTHORIZATION:

Club/Organization Officer (**print**): _____ (**signature**): _____ Phone Number (**required**): _____

Club/Organization Advisor (**print**): _____ (**signature**): _____ Phone Number (**required**): _____

RECEIVED BY:

ASI Business Office: _____ Date: _____
Please Print

Date Processed: _____

Check No. _____ Date _____ Amount \$ _____

Additional Amount Due:

Check No. _____ Date _____ Amount \$ _____