



# 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 @ \$0.56 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 \_\_\_\_\_ @ \$7.00 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 \$ \_\_\_\_\_