NOTICE:

TTU/TTUHSC EMPLOYEES WILL NOT BE PAID THROUGH SGA FUNDS FOR CAMPUS SPEAKER AND/ OR PROFESSIONAL SERVICES.

CAMPUS ORGANIZATIONS-PURCHASE REQUEST FOR SPEAKER AIRFARE AND HOTEL only

Name of Organization:	Presentation Date:			
Professional's Name (as it is written on D	Driver's License for airfare) D	ate of Birth	
Is Professional a United States citizen or perman (If No please refer to Page 9 & 10 of the Funding		Yes	No	
Is Professional a current TTU/TTUHSC Employ (If Yes, SGA cannot pay/reimburse them)	yee?Yes	No		
Professional's Home Mailing Address	City	State	Zip	
Presentation Topic (Please be Specific)				
Audience				
Location of Event				
Expenses:				
Lodging Expenses \$	Dates of Arrival/De	eparture		
Airfare Expense \$				
Flight Preferences:				
TOTAL Reimbursement to be paid to Profes				
YMENT OF AIRFARE AND HOTEL WI SPECTIVE VENDOR	ILL BE MADE PAYAI	BLE DIRE	CTLY TO	
Advisor's Signature	Organization	Organization President's Signature		
Org Contact person:				