TEXAS TECH STUDENT GOVERNMENT ASSOCIATION GROUP RETURN FROM TRAVEL FORM

| Destination of Trip | Name of Organization | | Date | | | | |
|--|--|------------------------|---------------------------------------|---------------------------|--|--|--|
| Destination of Trip Did you receive a Cash Advance - Yes No Other Funding - Yes No If YES, Department Name Contact Name Phone Number FOP Amount Date Left Time Left a.m. or p.m. We earnestly appreciate your time and commitment to assist TTU and TTUS to maintain compliance with our statutory requirements. Hotel name and address Room numbers for travelers (This information collected is to reach out to the proper Law Enforcement Agencies for information as to whether any Clery reportable crimes occurred in those Cities/Hotels stayed in.) Names of all Students who completed trip: *********************************** | Advisor's Full Legal Name | Advisor's Tech ID # | | | | | |
| Destination of Trip Did you receive a Cash Advance - Yes No Other Funding - Yes No If YES, Department Name FOP Amount Date Left Time Left a.m. or p.m. Date Returned a.m. or p.m. We carnestly appreciate your time and commitment to assist TTU and TTUS to maintain compliance with our statutory requirements. Hotel name and address Room numbers for travelers (This information collected is to reach out to the proper Law Enforcement Agencies for information as to whether any Clery reportable crimes occurred in those Cities/Hotels stayed in.) Names of all Students who completed trip: *********************************** | Advisor Mail Stop | Phone # | one # Email | | | | |
| Did you receive a Cash Advance - Yes | Contact Person | | Phone # | | | | |
| If YES, Department Name FOP | Destination of Trip | | | | | | |
| Amount | Did you receive a Cash Advance - You If YES, Department Name | es No | Other Funding - Yes _ Contact Name | No | | | |
| Date Left Time Left a.m. or p.m. Date Returned Time Returned a.m. or p.m. We earnestly appreciate your time and commitment to assist TTU and TTUS to maintain compliance with our statutory requirements. Hotel name and address Room numbers for travelers (This information collected is to reach out to the proper Law Enforcement Agencies for information as to whether any Clery reportable crimes occurred in those Cities/Hotels stayed in.) Names of all Students who completed trip: *********************************** | Phone Number | FOP_ | | | | | |
| Date Returned a.m. or p.m. We earnestly appreciate your time and commitment to assist TTU and TTUS to maintain compliance with our statutory requirements. Hotel name and address Room numbers for travelers (This information collected is to reach out to the proper Law Enforcement Agencies for information as to whether any Clery reportable crimes occurred in those Cities/Hotels stayed in.) Names of all Students who completed trip: *********************************** | Amount | | | | | | |
| Hotel name and address Room numbers for travelers (This information collected is to reach out to the proper Law Enforcement Agencies for information as to whether any Clery reportable crimes occurred in those Cities/Hotels stayed in.) Names of all Students who completed trip: *********************************** | Date Left Date Returned | Time Left Time Returns | ed | a.m. or p.m. a.m. or p.m. | | | |
| Total Registration How many Students Total Gas Receipts S Total Rental Car Total Airline Costs Total Public Transportation \$ | reportable crimes occurred in those Cities/Ho | otels stayed in.) | | | | | |
| Total Gas Receipts \$ Total Rental Car \$ Total Airline Costs \$ Total Public Transportation \$ | Total Registration | \$ | | | | | |
| Total Rental Car \$ Total Airline Costs \$ Total Public Transportation \$ | | | | | | | |
| Total Airline Costs \$ Total Public Transportation \$ | • | | | | | | |
| Total Public Transportation \$ | | | | | | | |
| | | | | | | | |
| Total Ladaina | _ | • | | | | | |
| Total Lodging \$ How many Nights | | Φ | | | | | |

| Advisor's Signature ************************************ | | Organization President's Signature | | |
|---|----------|------------------------------------|---|--|
| | | | | |
| | | | | |
| | | | | |
| IOTAL EXPENSES OF TRIP | 5 | | _ | |
| TOTAL EXPENSES OF TRIP | S | | | |
| | | | | |
| Any Other Expenses | \$ | | | |
| How many Days | | | | |
| otal Actual Meals | p | | | |

- By signing this form, you are stating that all policies and procedures have been followed.
- REMINDER TO ORGANIZATION: Please attach all receipts and supporting documents. Return this form with all <u>original receipts</u> (including original airline tickets) to the SGA Office within <u>5 calendar days of return from your trip.</u>
- A check will be required if funds are left from the cash advance once the voucher has been filed.

If you have any questions please call Teresa Davis at 742-3631 or Teresa.y.davis@ttu.edu