

APPROVAL for GROUP TRAVEL APPLICATION

Organization Name _____ Date _____

Advisor's Name _____ Mail Stop _____

Advisors Phone _____ Advisor's email _____

Advisor's Tech ID# _____ Destination _____

Use TAC card ☐ YES ☐ NO Student incurred expense ☐ YES ☐ NO

Travel Details and Expenses

Airfare \$ _____ Registration \$ _____ Uber \$ _____

Fuel \$ _____ Lodging \$ _____ Meals \$ _____ Rental Car \$ _____

TOTAL \$ _____

Date Leaving _____ Time Leaving _____ a.m. or p.m.

Date Returning _____ Time Returning _____ a.m. or p.m.

Number of Students traveling (advisors not included) _____

ATTACH A LIST OF STUDENTS ATTENDING, THEIR R NUMBERS, EMERGENCY CONTACT INFORMATION, and RESIDENCY STATUS OF ANY INTERNATIONAL STUDENTS

Detailed Purpose of Trip (include name of convention, seminar, name of paper presented, etc.)

Amount to be Allocated for **this trip** from your Lump Sum? _____

Are you requesting funding for **this trip** from any other department on campus? YES NO

If YES, Department Name _____ Contact Name _____

Phone Number _____ FOP _____ Amount _____

Advisor's Signature

Organization President's Signature

- **IMPORTANT:** This form must be received in the SGA Office 3 weeks prior to your departure on the trip. Forms submitted within the 3 week window will not be accepted.
- Refer to Funding Regulations Handbook for All Reimbursement Rules.
- Retain all ORIGINAL RECEIPTS

QUESTIONS?? Please call Teresa Davis at 742-3631 or e-mail her at teresa.y.davis@ttu.edu.

Revised 9.01.2024