

GROUP RETURN FROM TRAVEL FORM

Name of Organization _____ Date _____

Advisor's Full Legal Name _____ Advisor's Tech ID # _____

Advisor Mail Stop _____ Phone # _____ Email _____

Contact Person _____ Email _____

Destination of Trip _____

Did you receive other funding - Yes ____ No ____

If YES, Department Name _____ Contact Name _____

Phone Number _____ FOP _____

Amount _____

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 Clergy reportable crimes occurred in those Cities/Hotels stayed in.)

Names of all Students who completed trip: _____

*****EXPENSES*****

Total Registration \$ _____

How many Students _____

Total Gas Receipts \$ _____

Total Rental Car \$ _____

Total Airline Costs \$ _____

Total Public Transportation \$ _____

Total Lodging \$ _____

How many Nights _____

Total Actual Meals \$ _____

How many Days _____

Any Other Expenses \$ _____

TOTAL EXPENSES OF TRIP \$ _____

Advisor's Signature

Organization President's Signature

- **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 original receipts (including original airline tickets) to the SGA Office within **5 calendar days of return from your trip.**
- *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**