



Student Travel Check Request

Request Date: _____

Student's Name _____

Banner ID _____

Mailing Address: _____

Mileage Traveled in personal car _____ # of Miles X _____ Standard Mileage Rate _____ Amount _____

Please provide all receipts and a description of the event attended

| Date | Description | Amount |
|-------|-------------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

How many students were in your hotel room (including yourself)? _____

STUDENT SIGNATURE

ADVISOR SIGNATURE

GRANTS DEVELOPMENT SIGNATURE

ACCOUNTING DISTRIBUTION:

| Fund number/Account Number | Fund Name/Account Name | Amt of Check |
|----------------------------|------------------------------|--------------|
| 58300/2-00-73001 | Student Travel Awards | |
| | | |