

Office of Student Involvement - Travel Request form (TR)

TR forms are due to OSI Front Desk or Tamara Crooks at least 3 Weeks in advance

Primary Traveler Contact Information: *Address must match myWSU in order to be reimbursed for expenses*

Name: _____ WSU ID#: _____ DOB: _____
 First Middle Last
Organization: _____ Address: _____
Cell phone: _____ City: _____
E-mail: _____ State: _____ Zip: _____

Justification: Destination: (city, state) _____

Purpose of travel: (list meeting, conference, etc.) _____

Flight? Yes or No (circle one)

Airline and Flight #: _____

Departure Date: _____ Time: _____

Airport: _____

Return Date: _____ Time: _____

Airport: _____

Vehicle? Yes or No (circle one, if yes- select one below)

Motor pool Personal Rental

Who's driving? Indicate by each person's name on 2nd page

#of Vehicles: _____ #of days: _____

#of people in vehicles: _____

Departure Date: _____ Time: _____

Return Date: _____ Time: _____

Lodging Request? Yes or No (circle one)

Check-in: _____ Check-out: _____

Hotel Name: _____

Phone Number: _____

Website: _____

City: _____ State: _____

Number of Rooms: _____

Include roommate preferences on the 2nd page

Account Information (complete only one)

1. Org Budget #: _____

2. Senate Funding (PG00008059)

Bill # _____

3. Club Operating Budget (PG00014964)

Club Name _____

4. Undergraduate Travel Grant (PG00008081)

Club Name _____

5. Split between more than one budget or line item

Budget # _____ (% _____)

Line item _____

Budget # _____ (% _____)

Line item _____

Requesting Per Diem*? Yes or No (circle one)

To receive meal per diem, you must be in active travel status during these times:

B- 6:00 – 7:00am; L- noon – 1:00pm; D- 5:30 – 7:00pm

Advisor/Supervisor: _____

Email: _____

Per Diem Rates are available at this website:

<http://www.gsa.gov/portal/category/21287>

*Meals are not funded through the Undergraduate Travel Grant.

*S&A funded organizations are limited to 75% of food per diem; per diem may be adjusted based on available funds

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Addresses must match myWSU in order to be reimbursed for expenses

Traveler #2

Name: _____ ID#: _____ DOB: _____
First Middle Last (all eight numbers) M/D/Y

Home address: _____
Street City State Zip Code

Cell Phone: _____ Email: _____

Traveler #3

Name: _____ ID#: _____ DOB: _____
First Middle Last (all eight numbers) M/D/Y

Home address: _____
Street City State Zip Code

Cell Phone: _____ Email: _____

Traveler #4

Name: _____ ID#: _____ DOB: _____
First Middle Last (all eight numbers) M/D/Y

Home address: _____
Street City State Zip Code

Cell Phone: _____ Email: _____

Traveler #5

Name: _____ ID#: _____ DOB: _____
First Middle Last (all eight numbers) M/D/Y

Home address: _____
Street City State Zip Code

Cell Phone: _____ Email: _____

Insert any additional travel information (including roommate preferences):

Receipts are required for all travel expenses.

NO receipt is needed for personal mileage, but you need to track and turn in your miles to the OSI Front Desk.

Approval

By signing the TR form, I understand I, and my organization, are responsible for submission of all related travel documentation (receipt or invoice and as applicable, per diem claim, etc.) and will only claim reimbursement for meals not provided.

Authorized Student Signature: _____

Print Name: _____

Date: _____