

**CLAYTON STATE UNIVERSITY  
STUDENT REQUEST FOR TRAVEL FORM--STUDENT ACTIVITY FUNDS**

*\*\*\*For more information on travel policies and procedures, please see the Student Organization Policies & Procedures Manual*

Name of Club/Organization or Program:		Travel Dates:				
		FROM	/	/	TO	/
Name of Conference, Competition, or Convention:						
Location (city/state):						
Contact Name (President/Treasurer or Advisor)						

Contact Email address:						
Contact Phone Number:						
		Office Use Only				

	Name of Traveler	Laker ID#	GPA eligible	Registration Fee	Lodging	Airfare	Other Transportation (i.e., rental car, shuttle, taxi, etc.)	Meals - Reimbursable amount may vary based on travel destination	TOTAL
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

--	--	--	--	--	--	--	--	--	--

<b>APPROVED</b> _____	<b>Date</b> _____					
<b>President/Treasurer</b>						
<b>APPROVED</b> _____	<b>Date</b> _____					
<b>Advisor</b>						
<b>APPROVED</b> _____	<b>Date</b> _____					
<b>Department of Campus Life</b>						
<b>APPROVED</b> _____	<b>Date</b> _____					
<b>Associate Vice President/ Student Affairs</b>						

<b>**For Student Affairs Use Only**</b>	
Agency Account Balance	Allocated Account Balance
Amount Expensed	Amount Expensed

--	--	--	--	--	--	--