



1502.1.3f GROUP TRAVEL REQUEST FORM

Name of Group Leader _____ Title _____

Date(s) of Travel _____ through _____

Destination _____

Purpose of travel _____

Types of expenses anticipated (reasonable estimates are acceptable). Include agenda if available.

Transportation \$ _____ Lodging \$ _____ Other (please provide detail)

_____ Other amount \$ _____ Justification for why group

payment is being allowed _____

Names and status of all group travelers

Name of Traveler	Status (Volunteer, Student, Faculty/Staff)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Attach additional sheet with more names if necessary

Name of Director _____

Approval Signature of Director _____ Date _____