

PRIOR-TO-TRAVEL INFORMATION  
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER AT AMARILLO  
STUDENT SENATE

Name of Organization \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_

Phone # \_\_\_\_\_

Date Leaving \_\_\_\_\_ Date Returning \_\_\_\_\_

Time Leaving \_\_\_\_\_ Time Returning \_\_\_\_\_

Mode of Transportation \_\_\_\_\_

Is there a registration fee? \_\_\_\_\_ How much per person? \_\_\_\_\_

Does registration fee include meals and lodging? \_\_\_\_\_

If so, how much and which days? \_\_\_\_\_

Please list names of all travelers \_\_\_\_\_

Purpose of trip \_\_\_\_\_

Airfare, bus fares \_\_\_\_\_

Auto mileage \_\_\_\_\_ miles @ \_\_\_\_\_

Rent Car \_\_\_\_\_ days @ \_\_\_\_\_

Taxi fares \_\_\_\_\_ trips @ \_\_\_\_\_

Hotel \_\_\_\_\_ days @ \_\_\_\_\_

Meals \_\_\_\_\_ days @ \_\_\_\_\_

Parking \_\_\_\_\_

Registration \_\_\_\_\_

Other \_\_\_\_\_

TOTAL ESTIMATED EXPENSE \$ \_\_\_\_\_

Advisor's Authorization \_\_\_\_\_

President's Authorization \_\_\_\_\_

Treasurer's Authorization \_\_\_\_\_

APPROVED: _____
DATE: _____