

**TRAVEL APPLICATION/VOUCHER
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
STUDENT SENATE**

Organization/Club Name _____ Date _____

Traveler's Name _____ SSN # _____

Address _____ Phone _____

E-Mail _____

Address _____ Destination _____

Depart From _____ Date _____

Time _____ am/pm

To _____ Return Date _____

Time _____ am/pm

Trip Purpose _____

TRAVEL EXPENSE ITEMIZATION

Airfare: Airline _____ \$ _____ **Reimbursement Limit** _____
Set by Organization/Club

Hotel _____ Days @ _____ \$ _____

Mileage _____ Miles @ _____ \$ _____

Meals _____ Days @ _____ \$ _____

Rental Car _____ Days @ _____ \$ _____

Taxi _____ Trips @ _____ \$ _____

Other _____ \$ _____

Total Trip Expense \$ _____

Traveler's Signature _____

President's Signature _____

Treasurer's Signature _____

REMINDER TO ORGANIZATION

- All travel receipts must be submitted to HSC Student Services within thirty (30) days of travel.
- Please attach all original receipts and supports documents.
- Allowable travel expenses and required documentation for reimbursement can be obtained at HSC Student Services.
- If you have any questions, please contact HSC Student Services at 743-2300.