

Form A

PRIOR-TO-TRAVEL INFORMATION
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
AT DALLAS-FORT WORTH
STUDENT SENATE

Name of organization: _____ Date _____

Name of traveler: _____ SS# _____ - - _____

Home Address: _____

Phone #: _____ E-mail: _____

Destination: _____ Purpose of Trip: _____

Date and time leaving: _____

Date and time returning: _____

TRAVEL EXPENSE ITEMIZATION

Registration Fee:		\$
Airfare:	Days @	\$
Hotel:	Days @	\$
Mileage:	Miles @	\$
Meals:	Days @	\$
Rental Car:	Days @	\$
Taxi:	Trips @	\$
Other:		\$
	Total Trip Expense	\$
	Reimbursement Limit	\$

Set by Organization/Club

Organization's representative: _____ (print & sign)

Date: _____

Treasury Committee: _____ (print & sign)

Date: _____

Advisors approval: _____ (print & sign)

Date: _____

Shall be submitted no later than 3 weeks prior to travel