

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: _____