

## Travel Request (only needed if lodging or travel expenses are being requested)

Personal Information		
Traveler Name	Name:     Profession D       /     Home Address:       City/State/Zip:     Contact Phone:       Contact Email:     Contact Email:	Pate: /
Fraternity Minister:		
Travel Purpose and Destination		
Travel Destination		
Purpose of Trip		
Is documentation attached regarding purpose, need & benefit for this trip?	YES NO	
What percentage of expenses are you requesting assistance with?	% (max: 100%) If personal auto, estimat mileage	ed
Will you be contributing any of your own funds or receiving any assistance from others?	No  Yes  (If yes, list percentage or dollar amount) Self:%/\$ Fraternity%/\$ Other%/	
Travel Details		
Date of Departure	Date:	
Date of Return	Date:	
Transportation Mode	Auto Rental       Train       Air travel         Personal Auto       Mileage       Carpool with o         Other       Does Not A	
Cost Estimate		
Please itemize expenses below (In whole dollars; round-up if needed)	Please note that out-of-pocket expenses, supplies, and meals are not reimbursable (unless included as part of registration fees)	
Please provide verification of costs or estimates	TOTAL	ITEM
Lodging	Cost per night \$_ Other lodging fees and/or taxes \$ <u>Number of nights lodging total</u>	
Transportation	If auto rental or air travel	
Registration/ Tuition Fee		
	Subtotal	
SUBTRACT any assistance amounts from others	MINUS ASSISTANCE RECEIVED or TO BE RECEIVED:	(\$ )
TOTAL REIMBURSEMENT/SCHO	LARSHIP REQUEST FROM ST FRANCIS	\$

## REGION

Additional Notes/Information: