AGEP Student/Faculty Travel Request

Name: ______________________________________ PUID #: __________________

Department Name: _________________________________________________________

Name of Event: _____________________________________________________________

Event Location: _____________________________________________________________

Dates of Travel: _____________________________________________________________

Title of Poster/Presentation: ________________________________________________

Estimated Expenses

Transportation: $ ___________ Airline Cost: $ ___________ Miles: ___________

Registration Fee*: $ ___________
(*only pre-registration rate will be covered)

Hotel Cost: $ ___________ Rate: $ ___________ Days: ___________

Will room be shared by another student? _____ Yes _____ No

If yes, please provide name(s) of student(s)
__________________________, _____________________________

Subsistence: $ ___________ Number of Days: _______ Amount: $ ___________

Total amount you are requesting: $ ___________

Total amount to be cost shared by your department: $ ___________

Student Signature: _______________________________ Date: ___________

AGEP OFFICE

Approved By: _______________________________ Date: ___________

Account Number: _______________________________ _____________

Approved Amount: $ ___________