

REQUEST TO TRAVEL USING FAFB FUNDS

Group: _____ Date of Request: _____
Contact Name: _____ Phone Number(s): _____
Local Address: _____ Email: _____
Destination: _____ Purpose: _____
(City and State) (Conference, Convention, Annual Meeting)
Date of Departure: _____ Time: _____ AM/PM (circle)
Date of Return: _____ Time: _____ AM/PM (circle)

Registration Fee: \$ _____ x _____ (# of students) = \$ _____ total Due Date: _____

Mailing Address: _____

Method of payment: Direct from FAFB Individual(s) Student Organization Advisor
**Attach registration forms*

Transportation Method:

Personal Car \$ _____ # of vehicles _____
 Air \$ _____ # of tickets _____
 Train/Bus \$ _____ # of tickets _____
 Rental (see below) # of vehicles _____

Method of payment: Direct from FAFB Individual(s) Student Organization Advisor

Rental Vehicle Company _____ Telephone# _____

Company Address _____

Date of Reservation _____ Name of person(s) who made reservation _____

Rental Vehicle Cost per day: \$ _____ + Tax \$ _____ (_____ % tax rate) = \$ _____ total
**Attach list of drivers/passengers, itinerary (airfare, train, bus), quotes, contract, etc.*

Hotel: _____ Telephone# _____

Hotel Address: _____

Cost of Hotel per night: \$ _____ + Tax \$ _____ (_____ % tax rate) = \$ _____ total
(If different rate) \$ _____ + Tax \$ _____ (_____ % tax rate) = \$ _____ total
Indicate: _____ # of nights of stay _____ # of rooms reserved

Date of Reservation _____ Name of person(s) who made reservation _____

Method of payment: Direct from FAFB Individual(s) Student Organization Advisor
**Attach hotel rooming list, quote with confirmation number*

Other Expenses to be Considered, provide detailed explanation if miscellaneous:

Taxi Expense \$ _____ Parking Fees \$ _____ Miscellaneous \$ _____

TOTAL COST OF TRAVEL \$ _____

JUSTIFICATION FOR TRAVEL

(How does this benefit your group? What will you gain? What is the advantage to ECU?)

REQUIRED TRAVEL INFORMATION

<i>*ECU Student</i>	<i>*Student ID</i>	<i>*Address</i>	<i>*Phone & Email</i>

REQUIRED PRE-APPROVALS

I certify all information is accurate and every student traveler is currently enrolled at ECU. I understand my entire organization will be held accountable for following SGA Travel Procedures, even in my absence.

Signature of Traveler Date

Secondary Approval and Official Position Date

Organization Advisor Date

FAFB Treasurer Date

FAFB Advisor Date

SOFO Date

Director of Financial Affairs Date

Assistant Vice Chancellor

Date