

Anticipated Travel Plans & Expenses

Please complete and return to Yelena Kistanova in the CEAE Budget Office (2150A Learned).

Name of Student Organization: _____

Name of Person Submitting Form: _____

- Phone Number: _____
- Email: _____

Travel Plans:

- Destination: _____
- Travel Dates: _____
- Purpose of Travel: _____

Estimated Cost:

How should it be paid? (e.g. FAC, CEAE match, SOFAS, KUEA)

- Airfare: _____
- Rental vehicle: _____
- Drive personal car (\$0.50 per mile): _____
- Registration: _____
- Lodging: _____
- Other expenses (gas, etc.): _____
- Total estimated cost: _____

How many students will travel? _____

Who are the students? Please mark G for Graduate student, UG for Undergraduate student:

1. _____ G UG
2. _____ G UG
3. _____ G UG
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16. _____ G UG
17. _____ G UG
18. _____ G UG
19. _____ G UG
20. _____ G UG