CLAYTON STATE UNIVERSITY STUDENT DEQUEST FOR TRAVEL FORM STUDENT ACTIVITY FUNDS									
STUDENT REQUEST FOR TRAVEL FORMSTUDENT ACTIVITY FUNDS ***For more information on travel policies and procedures, please see the Student Organization Policies & Procedures Manual									
	Name of Club/Organization or	iore injormation on	travei policies	s una procedures, piedse see tr	le Student Organ	ization I oticies	& 1 roceuures Munus		
	Program:				Travel Dates:				
					FROM/_	/ T	O//		
	Name of Conference,								
	Competition, or Convention:								
	Location (city/state):								
	Location (engristate).								
	Contact Name								
	(President/Treasurer or								
	Advisor)								
	G T . 11				T				
	Contact Email address: Contact Phone Number:								
	Contact Fhone Number.		Occ. II						
			Office Use Only						
			Only						
							0.4	M 1 D 1 1 11	
							Other Transportation	Meals - Reimbursable amount may vary	
							(i.e., rental car,	based on travel	
	Name of Traveler	Laker ID#	GPA eligble	Registration Fee	Lodging	Airfare	shuttle, taxi, etc.)	destination	TOTAL
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
	APPROVED			Date					
	President/7	Treasurer							
	APPROVED_			Date					
	ATTROVEDAdvi	sor							
	APPROVED	Company T 10		Date	T				
Department of Campus Life									
APPROVED			Date						
Associate Vice President/ Student Affairs									
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	**For Student Affairs Use Only*			T A					
	Agency Account Balance			Allocated Account Balance					
	Amount Expensed			Amount Expensed					