



**STUDENT
TRAVEL APPLICATION**

Please send this form directly to Accounting Services, Richards Hall.

Name: _____ Student ID: 000000000

Mailing Address: _____

City: _____ State: _____ Zip: _____

Student Travel Account Number to be charged:

Departure Date: _____ Return Date: _____

Destination: _____ Alone No or With _____

Purpose of trip: _____

Transportation Costs:	0.00	Travel Mode :	Choose One
Mileage (Vehicle):	0.00	High Cost Area?	<u>No</u>
Lodging:	0.00	Airline Prepaid by CSU?	<u>No</u>
Meals:	0.00	Travel Prepaid by CSU?	<u>No</u>
Total Travel Costs:	\$0.00		

Registration fee: _____ Prepaid on CSU P.O.? No Paid by CSU Credit Card? No

Paid by Individual: No

Travel Approval

Authorized Signature

VP, Dean, President*

Send original with signature(s) only. Thanks