

TRAVEL REQUEST FORM

Graduate Student 5 ggcWUjcb cZTextile and Apparel Management

Date: _____

Name: _____ Degree : _____

Address: _____

University E-Mail: _____

Description of Proposed Travel:

Name of Association/Organization: _____

Location of Meeting: _____ (Attach a copy of registration information)

Dates of Meeting: _____ to _____ Dates of Travel: _____ to _____

Purpose of Trip: _____

Will you be presenting? Yes No If yes, attach documentation to verify presentation

Estimated cost of trip:

Transportation: \$ _____ Private vehicle Air _____

Lodging: \$ _____ Registration: \$ _____ Other (details): _____

Other: \$ _____ Meals: \$ _____ Are any meals included? No Yes

Meals (Details): _____ Total: \$ _____

External Funding (Estimated):

Source: _____ Estimated allocation: \$ _____

Source: _____ Estimated allocation: \$ _____

Source: _____ Estimated allocation: \$ _____

Total External Funding: \$ _____

Expected Unmet Need

Total cost of trip minus other sources of funding: \$ _____

I have read the Graduate Student Association of Textile and Apparel Management's General Travel policies and requirements.

Signature _____ Date: _____

Please submit to GSOETAM Vice-President