STUDENT TRAVEL AUTHORIZATION FORM
(Revised July 2013)

To be completed and submitted to FIDC BEFORE taking a trip.

I. Name of Requestor _______________________________ Date ____________.
Name of Dept/Office _______________________________.
Name of Students Attending (may attach separate list):

II. Purpose of Travel (If it is a meeting/workshop/course, provide the name. Also attach relevant material, if necessary):

Destination of Travel: ________________________________.
Dates of Travel: ________________________________.

III. Budget

a. Transportation Cost Estimate (You MUST complete an estimate for one of the below five modes. If one of the five is not indicated you MUST explain how you are traveling to and from your destination. In addition, if an auto is being driven to/from the airport/train station, for example, that must be indicated as well. Submit the yellow copy of the Physical Plant Vehicle Authorization Reservation form that you received when checking out your auto with your Travel Expense Record (reimbursement) form when you return from your travel. That will indicate your mileage used based on odometer readings.)

<table>
<thead>
<tr>
<th>Mode</th>
<th>From</th>
<th>To</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air</td>
<td>From</td>
<td>To</td>
<td>$</td>
</tr>
<tr>
<td>Personal auto*</td>
<td>From</td>
<td>To</td>
<td>$</td>
</tr>
<tr>
<td>College auto**</td>
<td>From</td>
<td>To</td>
<td>$</td>
</tr>
<tr>
<td>College van**</td>
<td>From</td>
<td>To</td>
<td>$</td>
</tr>
<tr>
<td>Train</td>
<td>From</td>
<td>To</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>From</td>
<td>To</td>
<td>$</td>
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</tbody>
</table>

* (personal auto can only be used if a college auto is not available; use $.20/mile if college auto is available, yet using personal auto).
** (reserve auto with physical plant)

Total estimated roundtrip mileage if using auto or van: _____.

b. Other Expenses

Registration Fees $________________________
Meals $________________________
Lodging _______ nights @ $________________
Other _______ $________________

TOTAL OVERALL ESTIMATE $________________________

IV. Approval

FIDC Travel Chair _______________________________ Date ______________________