



Student Organization Travel Profile

First Name _____ Last Name _____

Student Organization Name _____ Number of Travelers _____

Trip Information

Departure Date _____ Departure Time _____ AM/PM

Return Date _____ Return Time _____ AM/PM

Destination (City, State, County) _____

Purpose of Trip _____

Estimated Expenses

Pre-Pay on BTA (Business Travel Account)

Please check if you need to have and of the following pre-paid

Airfare

Hotel

Non Pre-Paid Expenses

Mileage \$ _____
Calculate—Miles X \$.25 X Number of Vehicles

Airfare \$ _____

Rental Vehicle \$ _____

Lodging \$ _____

Meals \$ _____

Incidentals \$ _____

Other \$ _____

TOTAL \$ _____

Advance Request

Date Needed: _____

Amount of Advance: \$ _____

Funding Information

Will you be receiving funding from another institutional department? Yes _____ No _____

If yes, please indicate which funding source(s) below: