

# Travel Request Form

This form is used for any event when an individual or organization travels. Worksheets must be submitted to the Office of Student Life, 3 weeks in advance for in-state travel and two (2) months in advance for out-of-state travel. If you have any questions, please contact Electra Gupton – [egupton@spscc.edu](mailto:egupton@spscc.edu) or 360-596-5217

**\*\*Attach this sheet to your Event Registration Form\*\***

EVENT TITLE: \_\_\_\_\_

REQUESTOR NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

REQUESTOR EMAIL: \_\_\_\_\_ ROLE:  Club Leader  Club Member  Advisor

PURPOSE OF TRAVEL: \_\_\_\_\_

DESTINATION: \_\_\_\_\_ TRAVEL DATE(S): \_\_\_\_\_

*\*\*Out-of-state travel will require Executive level approval. Please prepare a Travel Justification Memo\*\**

TRAVEL IS APPROVED AS A BUDGET LINE ITEM?  YES  NO CLUB BUDGET CODE: \_\_\_\_\_

IF NO, HAVE YOU FILED A CONTINGENCY FUND REQUEST?  YES  NO

---

### PLEASE ATTACH THE FOLLOWING ITEMS TO THIS TRAVEL REQUEST (IF APPLICABLE)

- Meeting minutes or club communication where travel was approved (required)
- Conference/Training Agenda/Registration Information
- Travel Waivers/Release of Liability for all travelers
- Hotel information (if priced above state per diem, a High Cost Letter will be required. See rates below.)
- Attendee Roster (include Name, SID #, DOB, phone # and e-mail address)
- Conference website: \_\_\_\_\_

---

### COMPLETE ALL THAT APPLY TO YOUR TRAVEL REQUEST

CONFERENCE REGISTRATION  YES  NO

Number of attendees: \_\_\_\_\_ (all attendees MUST be enrolled for 6+ credits)

MOTOR POOL RENTAL  YES  NO (indicate # and type of vehicles requested)

# \_\_\_\_\_ 5 passenger Sedan (\$26/day, \$.23/mi) # \_\_\_\_\_ 8 passenger Van (\$28/day, \$.32/mi)

STUDENT LIFE VANS

# \_\_\_\_\_ 12 passenger Van (\$35/day flat rate)

Estimated mileage (round trip): \_\_\_\_\_

PER DIEM MEAL ADVANCE  YES  NO – COUNTY PER DIEM RATE: \$ \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_

Current per diem rates: In State - <http://www.ofm.wa.gov/resources/travel/colormap1016.pdf>

Out of State - <http://www.ofm.wa.gov/resources/travel.asp>

HOTEL ACCOMMODATIONS  YES  NO

# of rooms needed \_\_\_\_\_ (Provide a list of who will be rooming together in each room)

Dates you will need hotel accommodations: \_\_\_\_\_

FLIGHT FROM SEA-TAC AIRPORT  YES  NO (If yes, please include roster of full names as listed on Driver's License)

Departure Date & Time: \_\_\_\_\_ Return Date & Time: \_\_\_\_\_

Rental Car Needed?  YES  NO Taxi/Shuttle Needed?  YES  NO

# Travel Request Form

## Signature Approvals

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Student Life Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Only:

Fiscal Specialist Signature: \_\_\_\_\_ Date: \_\_\_\_\_