

Travel Request Worksheet



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 Robert Lane -- rlane2@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 for all travelers
- Hotel information (*if priced above state per diem, a High Cost Letter will be required. See rates below.*)
- Attendee Roster (*please include name, SID #, DOB, phone # and email 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 (\$24/day, \$.11/mi) # _____ 8 passenger Van (\$19/day, \$.34/mi) # _____ 12 passenger Van (\$19/day, \$.32/mi)

Estimated mileage: _____

PER DIEM MEAL REIMBURSEMENT 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 ensure roster includes names as listed on Drivers License – including middle name*)

Departure Date & Time: _____ Return Date & Time: _____

Shuttle/Taxi YES NO

SIGNATURES

REQUESTOR SIGNATURE _____ Date: _____

ADVISOR NAME _____ SIGNATURE _____ Date: _____

STAFF NAME _____ SIGNATURE _____ Date: _____