



Form for Student Air Travel

Student Organization: _____ Date Submitted: _____

Payment from allocated or self-generated: _____

Estimated dates of travel: _____

Number of tickets purchasing: _____ Estimated Cost per Ticket _____

Name and Student ID of Traveler(s):

Signature of organization treasurer: _____

Divisional Treasurer should fill out this section

Total amount not to exceed _____

Signature of divisional treasurer: _____ Date _____

Signature of SGA Business Manager: _____ Date _____