



File Name YYYYMMDD-CC-Group-Country-Employee Last Name, First Initial

REQUEST FOR APPROVAL OF LSCS SPONSORED STUDENT TRAVEL

Program Name: _____

Destination: _____

Name(s) of LSCS Employee Traveling with Group: _____

LSCS Employee (s) phone contact: _____ - _____ - _____ and _____ - _____ - _____

Budget Account Number(s) to Charge: _____ - _____ - _____ - _____ - _____ Amount: \$ _____
_____ - _____ - _____ - _____ - _____ Amount: \$ _____

Explanation and Justification of Trip and Expenses:

Destination: _____

Date of Departure: _____

Date of Return: _____

Activity Attending: _____

Number of Persons Attending: _____

Type of Transportation (vehicle(s), bus, airline, etc.): _____

Hotel Accommodations: _____ Number of Rooms: _____

Meals (estimated): _____

Registration Fees: _____ persons @ \$ _____ per person.

Miscellaneous expenses (itemize): _____ \$ _____
_____ \$ _____
_____ \$ _____

Advanced Payment Requested? YES NO Amount \$ _____

LSCS Approved/Authorized Drive? YES NO (Must be listed on LSCS Approved Drivers List)

Requested By: _____
Signature of LSCS Employee Date

Approved By: _____
Signature of Associate Dean or Dean of Instruction** Date

Approved By: _____
VP of Administrative Services/LEO (Required for Vehicle Rentals) Date

Faculty/Sponsor
ORM-T-2013-01
09152013