

Student Travel Award Application Budget Form

Date: _____ Division/Department: _____

Student Name: _____ Student ID: _____

Travel Purpose: _____

Travel Description:

		Destination:		
Depart Date:	Return Date:	City:	State:	Country:

Estimation of Expenses:

Transportation Expense:

Airfare: \$ _____

Mileage _____ miles at _____ per mile \$ _____

Total Transportation: \$ _____

Lodging Expense:

Cost per night \$ _____ X number of nights _____ \$ _____

Meals:

Estimate cost of meals, but do not include meals that are provided by the conference: \$ _____

Registration Fee: \$ _____

Other Travel Related Expenses (Give a brief description): \$ _____

TOTAL ESTIMATED EXPENSES: \$ _____

Are any of the expenses covered by another funding source? If yes, please indicate the amount of funding awarded and source of funding: _____
