

Business Related Travel
 To be completed by Faculty Member, Principal Investigator (PI), or Administrator

I certify that this student's expense relates to the following:

Faculty Member/ PI/ Administrator – Name: _____

Date: _____

To be completed by Student

Student Name: _____

Student ID: _____

Undergraduate Student

Graduate Student

Destination: _____

Processing ^ D Student Travel Payments

d Z ^ š μ v š CE š] (μ •] š] } v r Z } CE š (} CE š À u o v š • % Z CE % } • (} CE š Z
 • š v š - • š CE À o X d Z] v (} CE u š] } v % CE } À % % CE } % • CE] š CE š u CE u š] v š
 } (š Z š CE À o X CE CE] w š CE • u v š X] } v š u CE u] } v • r Ç r •] • X
 Student travel % Çments are of a c

v The • š μ] v š ([] CE o % CE • ^ D š] v Z] % CE š] v P % š] μ % š] š CE } μ %
 š] À] š Ç X

v d Z • š v š % CE • v š] v } P (CE Á Z] CE % CE • ^ D š] X P

v d Z • š μ v š CE •] • CE o š } CE • CE v z ^ D h] CE CE • CE CE } i š W
 P] CE š μ % % Z CE š • μ o š Ç I W CE Á v •] P % š CE } CE • CE % CE } P CE u
 P } v CE] μ š • š } CE • μ o š • } CE o CE • CE Ç Z ^ D Z š
 P & μ o (] o o • ^ D h - • } v o]] P š Ç]] w] š } P P v Ç

x Student travels to % CE (} CE CE CE (• } CE] • • CE CE z] š v Z CE š } • v } š CE • CE Z š Z
 h v] Á CE •] š Ç Á } μ o } š Z CE Á] • } v μ š U v š Z • š μ v š - •] • • CE š
 (} CE š Z š CE À o X ~ d Z • š μ v š] • š Z % CE] u CE Ç v ([] CE Ç X •

x Student travels t } } v (CE v] v D Æ] } • v š š % CE • w š } CE • v } š
 } v š CE] μ š] v v } ([] o %] š Ç } v Z o (} (^ D h X

x Student travels to : % v (} CE o š CE μ] v] v P š Z š Á] o o • •] • š] v š Z • š μ v š
 % CE } ([] v Ç v (} CE Z] • } CE Z CE P CE (CE } u ^ D h X d Z] •] • • μ
 Z o % š Z • š μ v š • μ U μ š] • v } š CE < μ] CE % CE š } (š Z P