



The University of Georgia Student Activities

No: E -
SABO will assign

Request for Authority for Student Travel

Traveler's Name _____ Social Security Number _____
Traveler's Address _____ Telephone Number _____
Traveler's Email _____ Individual Travel _____ Group Travel _____

Student Organization _____

Type of trip: Conference _____ Field Trip _____ Tournament/Competition _____

Purpose of the trip: _____

Dates of the trip: _____ Location: _____

Account Number (s)	Name of Account (s)	Maximum Amount Allowed
A. _____	_____	_____
B. _____	_____	_____

Itemized estimate of costs

Meals	_____
Lodging	_____
Transportation	_____
Conference Registration	_____
Entry Fees	_____
Other	_____
TOTAL	_____

Reimbursement to traveler cannot exceed the amount allowable under University Travel Regulations and/or Student Activity Fee Guidelines.

Mode of Travel _____
Charge air travel directly to Student Activities
Indicate Travel Agency.

YOU MUST PAY YOUR STUDENT ACTIVITY FEES TO BE ELIGIBLE FOR STUDENT TRAVEL REIMBURSEMENT

Local Travel Agency _____ Name of Agent _____

I certify that I am currently enrolled as a Student in good academic standing at the University of Georgia and have paid my Student Activity Fees for the semester in which I am traveling. I also certify that I have been duly elected or appointed as an "Official Student Representative" of the above referenced Student Organization.

I understand that, as a representative of the University of Georgia and an appointed representative of my Student Organization, I will engage in behaviors that are responsible and mature. I will abide by state and local laws, the University of Georgia Student Code of Conduct, and conference/activity rules and regulations. I also understand that if I violate rules and regulations that I may not be reimbursed by the University of Georgia for my expenses. By signing below I agree to these travel conditions.

Traveler's Signature * _____ Date _____

Organization Treasurer Signature _____ Date _____

Organization Advisor Signature _____ Date _____

Organization Advisor Telephone or Email _____

Approved: Academic Dean for School/College travel _____

Approved: Director of Student Activities _____ Date _____

Approved: Vice President for Student Affairs _____ Date _____

* For group travel all students must sign an attached Group Travel Attachment form

STUDENT ACTIVITIES BUSINESS OFFICE REVIEW AND APPROVAL

Student Activity Fee Verification _____

Business Office Review _____

Fiscal Review and Approval: _____ Date: _____

Submit the original and 2 copies to the Student Activities Business Office two weeks prior to trip departure.