

Student Travel Request Form

This form must be completed by the person requesting funding and submitted a minimum of five weeks prior to travel dates for the trip to be considered for College of Business funding. Additional forms and/or information may be required. All participants information must be submitted directly to Fran Klensch, Administrative Assistant in person (Ballentine Hall – Dean's Suite) or via email at fklensch@uri.edu.

NOTE: If travel is approved it will be decided prior to travel EXACTLY which costs are being funded. Additional costs will NOT be paid after travel

Legal Name (Exac	tly as Shown on Governn	nent ID):		
Email:		Cell Phon	e:	
Faculty Advisor:		Ema	il:	
Destination:	Tr	ravel Date(s):		
Conference/Ever	nt Name:			
Purpose of Trave	l:			
Hotel (Name, address and phone number):				
Approximate Cost of Travel Expenses:				
Airfare/Train/Bus/Mileage				
Hotel				
Conference Registration				
Other				
Name of each attendee (Name must match government issued ID):				
1)	2)	3)	4)	5)
6)	7)	8)	9)	10)
Faculty Liaison Signature: (Faculty must approve prior to request)				
All forms should be returned to Fran Klensch, Administrative Assistant at fklensch@uri.edu				
For Office Use Only: Approved Funding Staff				
FOR U	ijjice use uniy:	Approved	Funding	_ Staff