STUDENT TRAVEL FUNDING REQUEST FORM

Date of request _______________  RESEARCH:  YES ________  NO ________
(If YES, please complete back side)

NAME: ____________________________________________________________

Check all that apply:

Presenting _______ Research _______ SIG/ORG REP _________ Other: _______________________

Purpose of trip: (if a conference or meeting, give name of organization, location and time of meeting, etc.)

________________________________________________________________________
________________________________________________________________________

Check all that apply:

Presenting _______ Research _______ SIG/ORG REP _________ Other: _______________________

Departure Date ___________________  Return Date ___________________

Destination ________________________________________________

NSHE#__________________________  Email ________________________________

Estimated cost of travel:

Transportation  $________________
   Airfare          Personal Car    Other _________

Lodging  $________________
   Where will you be staying? ______________________
   If sharing a room, with who? ____________________

Registration  $_______________

Est. Total cost  $_______________

Other Source of funding (list all): _________________________________

For ASA office use only:

Date SEC Approved: _______________  Total Amt Approved: _______________

Account # __________________________  Amount:

Account # __________________________  Amount:

1
RESEARCH TRAVEL ONLY, Please Complete:

TITLE OF RESEARCH: ____________________________________________________________

________________________________________________________

MENTOR: ________________________________________________________________

DEPARTMENT: _____________________________________________________________