

Request For Travel Authorization- Student Travel

Requestor's Name: Date of			Request:	
Destination: City	State	Departu		
Return Date: T	ime:	Purpose	Purpose of the trip:	
List of travelers (attach a sepa				
Check what applies: Overnight t				
Fill out what applies:	i avei.	y rravei.		
Registration Fee: \$	Transpor	tation: \$	Gas: \$	
Lodging: \$	Meals: \$		Actuals: \$	
Over the per diem meal/loo	dging: Ś	GSA per diem	\$ Hote	el \$ Mea
M&IE Rate https://www.gsa.gov Approval			.	
Requester: Print		Signa	ture	Date
Budget Index:	(must be filled out)	0.1		
Budget Manager:				
	Print	Signat	cure	Date
Cabinet Manager:	Print	Signat	uiro	Date
Chief Business Officer	rillit	Signat	uie	Date
Chief Business Officer:	Print	Signat	:ure	Date
President:				
Must sign 3 or more, over per diem or meal)	Print	Signat	ure	Date
CC: <u>reimbursements@rbc.</u>	edu (Must send)			
			Revised 6/3/25	
Please addition names or explanatio	ns, itinerary, totals, etc.			