



Request For Travel Authorization- Student Travel

Requestor's Name:		Date of Request:	
Destination: City	State	Departure Date:	Time:
Return Date:	Time:	Purpose of the trip:	
•	n a separate paper if needed and iden	ntify as student or staff):	
Check what applies:	Overnight travel:		
Fill out what applies:	_	Day Travel.	
		ion: \$ Gas: \$	
Lodging: \$	Meals: \$	Actuals: S	\$
Over the per diem me	eal/lodging: \$	GSA per diem \$	
M&IE Rate https://www.g	sa.gov/travel/plan-book/per-diem	n-rates/per-diem-rates-lookup	
Approval Requester:			
Budget Index:	Print	Signature	Date
Budget Manager:			
	Print	Signature	Date
Cabinet Manager:	Print	Signature	 Date
Chief Business Officer		Č	
	Print	Signature	Date
President:			
(Must sign 3 or more, over per diem o	or meal) Print	Signature	Date
	<u>@rbc.edu</u> (Must send)	-	Davised 9 22 24