



The University of Georgia  
Student Activities

No: E -  
SABO will assign

Request for Authority for Student Travel

Traveler's Name John Doe Social Security Number 123-45-6789  
 Traveler's Address 1 Nowhere Rd.; Athens, GA; 3060# Telephone Number 234-5678  
 Traveler's Email johndoe@uga.edu  Individual Travel  Group Travel  
 Student Organization GREPIT  
 Type of trip:  Conference  Field Trip  Tournament/Competition   
 Purpose of the trip: To attend and present at AERA  
 Dates of the trip: ##-## Month Year Location: Someplace, ST Abbrev.

Account Number (s)	Name of Account (s)	Maximum Amount Allowed
A. <u>95-93-GN606-056</u>	<u>GREPIT</u>	<u></u>
B. <u></u>	<u></u>	<u></u>

Itemized estimate of costs

Meals	<u>##.##</u>
Lodging	<u>###.##</u>
Transportation	<u>###.##</u>
Conference Registration	<u>##.##</u>
Entry Fees	<u></u>
Other	<u></u>
TOTAL	<u>####.##</u>

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

Mode of Travel Airplane/Car  
 Charge air travel directly to Student Activities  
 Indicate Travel Agency.  
Travelocity/Orbitz/Etc.  
 Local Travel Agency \_\_\_\_\_ Name of Agent \_\_\_\_\_

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

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.