Student Organization Intent to Travel Form



Must be submitted no less than 14 workdays before your travel in the United States and 30 workdays before your travel outside the United States.



Organization:		Date Submitted:				
Traveler's Name:				Student ID Number:		
Are you employed with Note: If you are employe as a university employee. Date of Birth:	d as a student, your travel	Department Employed:				
Date of Birth:						
Confirm that your travel waiver is attached and has a witness signature.				Cell Phone:		
Confirm that your address is current in PeopleSoft. Note: If it is not, it will need to be updated. Your home address will be used for your travel reimbursements.				My trip is part of a Global Health International Service Grant, and I am receiving funds from their office? No Yes		
Emergency Contact Information – Name				Emergency Contact Phone		
Trip Name/Confe	rence:					
Dates of Travel: (Complete the inform	nation b	elow	•		
Domestic Travel Inter				national Travel		
City:			City:			
State:			Country:			
Beginning Date		Start Time			Total Days Requested	
Ending Date		End Time			_	
Conference/Program/T	rip:					
Web Address of Confer	ence:					
(attach conference	information)					
Additional Information:						
Benefit to UT Southwe	stern:					
Funding: Will your s	student organization be c	covering y	our an	y of your travel exp	penses? No Yes	
My Organization has a	llotted toward	mv reiml	oursem	ent for travel expe	ense.	

Estimated Expense	es covered by your	organization	n. Enter amo	unt in all that apply	<i>r</i> :			
Airfare	Baggage		Hotel	Registrati	on			
Parking	Taxi/Uber	r/Shuttle etc		Meals				
Name of Airline:	Southwest A	American	United	Other	None			
	cuments that you sub rm of payment show	_	•	include your ticket r	number, flight			
Name of Hotel:					None			
Reimbursements mu If your hotel is in-sta					ce. u to avoid the state hotel sales tax.			
Registration: Pay	able to Organization	on/Vendor		Amoun	t: None			
· ·			•		charges if you share a room. If and not exceed the University			
Traveler's Signature I certify that the information provided by me in this document is, to the best of my knowledge, true and correct.								
Signature				Date_				
Print Documer	nt and Sign Abo	ove						
		Stude	ent Life Appro	oval				
Signature Approved by Suzette Smith	, Director of Student Life a	and the Bryan Will	liams, M.D. Stude					
FOR STUDENT LIF	E USE ONLY							
Organization Fund Source:	ds:							
Activity ID:								