

Idaho State UNIVERSITY

ASSOCIATED STUDENTS TRAVEL ADVANCE

Complete form and RETURN to the appropriate office:

Student Clubs & Organizations, Student Involvement & Orientation Office, Student Union Bldg. - Phone number 282-4588, Email vanealid@isu.edu
 Sport Clubs, Reed Gym- Phone number: 282-282-3516, Email: munnschel@isu.edu

Student Name (check written to): _____ Bengal Card #: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ E-Mail: _____

Name of Group: _____ # in Party: _____ CLUB #: _____

Purpose of Travel: _____ Check Need by Date: _____

Destination: _____ Departure Date: _____ Return Date: _____

ITEMS FOR REIMBURSEMENT (Enter applicable dollar amounts below):

Description of Travel	Per Person	Qty	Total Cost
Airfare:	\$		\$
Lodging:	\$		\$
Meals:	\$		\$
Mileage:			\$
Registration:	\$		\$
Misc.: _____	\$		\$
TOTAL EXPENSES:			\$

I understand that the check issued to me is considered a travel advance. I certify that I will reimburse Idaho State University for this amount if proper receipts or money are not deposited with the Involvement Center. *Failure to return a travel record within 10 days will result in the following actions: 1. Grades and transcripts will not be released until a travel record is submitted. 2. Penalty for organization's failure to comply will result in probation and zero funding for one year.*

Original receipts of expenditures are required.

Claimant: _____ Date: _____

Director: _____ Date: _____

UBO: _____ Date: _____

Accounting Only:

Check \$ _____ Check # _____ Date: _____

Receipt Signature: _____ Index Code: STURV Account Code: 13108