

Travel Request Form

Department of Student Life - Campus Activities & Advocacy Board

Travel Request Forms must be submitted to the Department of Student Life at least two (2) months in advance of the event for in-state travel, and at least three (3) months in advance for out-of-state travel.

Contact Information	
Name of Club or Organization	
Contact Person	
Role with Organization	
Email Address	

Travel Information	
Destination	
Travel Date(s)	
Purpose of Travel	
This Travel Request is for	
Budget Code to Charge	

Please Attach the Following Items to this Travel Request (If Applicable)	
Conference/Training Agenda	
Conference Website	
Registration Information	
Hotel Information	
Attendee Roster (Please include Name, SID, DOB, & Email Address)	

Conference Registration	
Conference Registration Needed	
Number of Registration Needed	
Cost per Registration	
Total Cost for Registration	

Rental Vehicle	
Rental Vehicle Needed?	
Number of Rental Vehicles Needed	
Pick-Up Date & Time	
Return Date & Time	
*Please note Club Advisors and/or CPTC Staff/Faculty standing in for Club Advisors are the only persons allowed to operate rental vehicles.	

Shuttle/Taxi to or from Sea-Tac Airport	
Do you need a Shuttle or Taxi?	
Estimated Cost	

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Per Diem Meal Reimbursement	
Per Diem Meal Reimbursement Needed?	
Number of Reimbursements	
Total Meal Reimbursement Cost	

Hotel Accommodations	
Hotel Accommodations	
Number of Rooms Needed	
Date(s) Accommodations are Needed	

Flight from Sea-Tac Airport	
Are flights needed?	
Number of Flight Tickets Needed	
Departure Date & Time	
Return Date & Time	

Please note, Travel Requests must also be accompanied by a Club Mid-year Funding Request. Have you submitted a funding request yet?

Yes ☐

No ☐

CERTIFICATION

Please email the completed Travel Request Form to Kaelynn.Starr@cptc.edu. If returning in-person, please return to the Student Leadership & Service Center in Building 23 – Room 115. By submitting this packet electronically to Kaelynn.Starr@cptc.edu, I certify that the information provided in this packet is true, correct, and complete to the best of my knowledge. I understand that consideration of this Travel Request Form depends on the true and accurate representation of facts as stated or implied in this packet.

Please sign your name below. By signing and submitting this form, you are agreeing to the terms and conditions stated above.

Contact Person Signature & Date	
Club Advisor Signature & Date	
Student Life Staff Signature & Date	

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