



**San Francisco State University
Request for Approval of Student Instructionally Related Activities Travel**

NAME: _____ Student ID: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

Email: _____

Department: _____ College Contact: _____

Destination: _____ Travel Dates: _____

Roles at conference/meeting (e.g., Oral Presentation, Poster presentation etc.) *Note:* Support documents must be submitted from conference/meeting organizer (e.g., acceptance letter or name in program)

Estimated Travel Costs:

Transportation: _____

Lodging: _____

Meals: _____

Registration: _____

Other: _____

Total requested: _____

I certify that the travel funding to be issued will be used for University business as stated above.

Name of Traveler: _____ Signature _____

Name of Dept. Chair: _____ Signature _____

Name of
Administrator: _____ Signature _____

Amount recommended for travel by College Dean or Designee (up to \$600.00): _____

For Academic Affairs Use Only

Provost Designee Signature: _____ Date: _____

Approved Amount: _____