

Travel Fund Request

OUTLINE OF EXPENSES



ASSOCIATED STUDENTS
SAN DIEGO STATE UNIVERSITY

List all expenses, including those that exceed the \$1,200 allocation limit

Student Organization: _____

Number of People Traveling: _____ Destination: _____

Purpose: _____

Leaving: DATE _____ TIME _____ Returning: DATE _____ TIME _____

TRANSPORTATION

Air Fare: _____ X \$ _____ / each = \$ _____
passengers Air Fare

Personal Vehicle: _____ X _____ X \$ 0.655 / mile = \$ _____
(mileage) # autos Total Round-Trip Mileage

Rental Vehicle: \$ _____ + \$ _____ = \$ _____
Total Amount of Gas Receipts Total Vehicle Rental Charges

Other (explain): _____ = \$ _____

LODGING

Hotel: _____ X _____ X \$ _____ / room = \$ _____
rooms # nights

*Actual expenses may be allowed with special circumstances.

REGISTRATION

Registration Fees: _____ X \$ _____ / each = \$ _____
people

MEALS

Up to \$50 per person for meals may be reimbursed for each complete 24-hour period. Meal costs may be claimed if itemized, as follows:

- \$10 Breakfast - if travel begins before 7 a.m. or extends past 9 a.m.
- \$15 Lunch - if travel extends past 2 p.m.
- \$25 Dinner - if travel extends past 6 p.m.
- \$50 Total - per 24-hour period
 (ex., Day 1 = 7 travelers *\$10 per diem = \$70 Total Breakfast)

Any meals included in the registration fees should not be claimed on this form. An additional \$5 for incidentals may be claimed for each 24-hour period.

Date	Breakfast	Lunch	Dinner	Incidentals
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
			Total Meals =	\$ _____
			TOTAL ACTUAL TRAVEL EXPENSES =	\$ _____