



SUNY POTSDAM STUDENT GOVERNMENT ASSOCIATION

Travel Advance Requisition

Organization Name: _____

Trip Information	Destination _____	Dates FROM _____ TO _____
	Purpose _____	

Attendees	Students _____ Faculty _____ Others _____ (Please Explain): _____	Total Attendees _____

Funding Requested	Registration Fees Number _____ x cost _____ = Total _____	Total Registration _____
	Travel Fees <i>By Car</i> Type (SUNY Vehicle, Personal Car): _____ Distance _____ x Cost Covered per Mile _____ = _____ Parking/Tolls estimate _____	Total Travel _____
	<i>By Train or Plane</i> Departure/Arrival Locations _____ Ticket Cost _____ x # of Tickets _____ = _____	
	<i>Other</i> Describe _____ Describe Costs _____	Total Lodging _____
	Lodging Rooms _____ x nights _____ x cost _____ = Total _____	
	TOTAL REQUESTED _____	

Make Check Payable to: _____

Signature of Authorized Representative / Date: _____