



SOJC UNDERGRADUATE TRAVEL FUNDING REQUEST

Full Name:	UO ID:	Today's Date:
Event:	Location:	Date of Business Trip:
BUSINESS PURPOSE: (Explain how this trip benefits the UO & SOJC. If attending a conference or meeting, please state the organization name. No acronyms.) See https://ba.uoregon.edu/content/travel-reimbursements#Business_Purpose for examples		
Role in the event, if any: <input type="checkbox"/> Presenter/Panelist <input type="checkbox"/> Attendee <input type="checkbox"/> Other (explain):		

*Please attach list with names of travelers

TRAVEL EXPENSES

Estimates of travel costs and source of funding. Reimbursement is only up to the approved dollar amount. Please include all and any charges that you might incur. YOU ARE RESPONSIBLE FOR STAYING WITHIN THE APPROVED BUDGET:

	Estimate	Funding Source	FOR SOJC BUSINESS OFFICE USE ONLY		
			Available Balance	Actual Exp \$	Index
Registration:					
Airfare:					
Mileage:					
Lodging:					
Per Diem:					
Other:					
TOTAL					

By signing this request, I attest that I have read and understood UO's travel and entertainment policy I understand that all charges that I intend to incur are for the benefit of the University and I will file a settlement report with supporting original receipts within 60 days after the date of travel.

Requestor Name (print): _____

Requestor Signature: _____

Date: _____

Travel: ☐ Approved ☐ Disapproved

SOJC Funding: ☐ Approved ☐ Disapproved

Dean's Signature: _____

Date: _____