Professor(s)  

Department(s)  

Course # & Name  

Purpose of Trip  

Destination(s)  

Dates of Travel  

Anticipated # of Students  

FUND SOURCE(S) (EX: Grant, Department, Dean, Department Foundation, Student Pays)

<table>
<thead>
<tr>
<th>FUND SOURCE(S)</th>
<th>Amount</th>
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<tr>
<td></td>
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ESTIMATED TOTAL COSTS*  

<table>
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<tr>
<th>Description</th>
<th>STUDENT ESTIMATED COST</th>
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</thead>
<tbody>
<tr>
<td>Transport Type</td>
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<tr>
<td>Meals</td>
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<td>Lodging</td>
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<tr>
<td>Student Insurance**</td>
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<tr>
<td>Registration/Admission Fees</td>
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<tr>
<td>Misc.</td>
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<td>Total Cost</td>
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</tr>
</tbody>
</table>

* Use current State Travel Policies and Reimbursement Rates as a guide to estimate costs.  
** Required for an International Field Trip – contact the Office of International Programs (OIP) for estimate.

Required Signatures:

Faculty Member  

Department Head  

Dean (if funding)  

Date Submitted:  

08/2014