

INSTRUCTIONALLY RELATED ACTIVITIES STUDENT TRAVEL VERIFICATION FORM

DATE: _____ NAME OF PROGRAM: _____

ACCOUNT NUMBER: _____

We the undersigned acknowledge we have received or are eligible to receive \$_____ Per Diem for food and/or lodging (or the equivalent of up to \$70.00 per night per diem) for the Instructionally Related Activities event described below:

Event: _____

Destination: _____

Departure Date: _____ Time: _____ Return Date: _____ Time: _____

IF IN WRITING, PLEASE PRINT LEGIBLY

******The above section must be completed in its entirety for the signature section to be valid******

NAME	SIGNATURE	STUDENT ID #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

For further information regarding per diem, please contact the Associated Students Business Office at 826-3771

****ATTACH ADDITIONAL SHEETS IF NECESSARY****

OFFICE USE ONLY

ACCOUNT NUMBER: _____

Number of Students
Verified: _____

REVIEWED BY: _____