

# CAL POLY HUMBOLDT

## STUDENT TRAVEL VERIFICATION FORM

DATE: \_\_\_\_\_ NAME OF DEPARTMENT: \_\_\_\_\_

We the undersigned acknowledge we have received or are eligible to receive \$\_\_\_\_\_ Per Diem for food for the travel 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. _____	_____	_____

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