

Student Domestic Travel Request

** For AP use Only **							
	Encumbrance No.						
	E						

			Domestic	i ravei Kequ	iest					
	– Purpose									
Students a	uthorized to	travel overnight on of	ficial Rowan University bu	usiness affiliated with SO	GA.					
Section 2	- Traveler's	Information								
Date:			Position:	Position: Student Banner ID #:						
Traveler's Name:			Email:Phone #:							
Mailing Address:					State:	Zip Code:				
SGA Office Admin: Dawn Trout			Admin. Banner ID							
SGA Admin. Email: sga@rowan.edu			Club Name:	Dept. Building: Student Center			er			
Section 3	- Destinatio	n & Purpose								
Destination	on City & Sta	ate:	nference Name:	ne:						
Conference Dates: Reason for Travel:										
List of other students / employees on the same mission:										
SUPPORTIN	G DOCUMENT	ATION REQUIRED: Please in	clude a brochure, registration form, o	r information printed from a webs	ite which clearl	ly shows conference/meeting	dates and location.			
			· more information pleas							
From	Date To	Expense Category		tion of Estimated Trave			Estimated Cost			
110111	10	Category	(,	-,	,,				
		Mileage			Miles	@				
Please note: Federal Dom IRS: Standard	d Travel Expenses	\$								
Section 5	- Traveler (Consent (Print and Signature	g n)							
I hereby cert	ify that this trav		expenses that will be incurred wh	nile traveling on official Rowa	ın University	Business and is being su	bmitted prior to			
Traveler S	Signature:		Date:	Am	ount Requ	ested: \$				
		g Information								
Index #		Fund #	Organization #	Account* #	ŧ	Program #	Amount			
		90000				30				
*Account # 7215 is used for mileage expenses only; use Account # 7217 for all other student travel expenses. Account # 7216 is used for employee travel. Employee travel MAY NOT be paid via ProfLink; employees must submit an Expense report on Concur using the travel Encumbrance number.			Approved Amount to be Encumbered:\$							

Student Org. Officer: _____ Date: ____ Amount Approved: _____

SGA CFO: _____ Date: _____Amount Approved: _____

Faculty/Staff Advisor: _____ Date: ____ Date/Location document Der Diem calculation Waiver(s)

__Date: _____

_ Date: _____

Revised: 8-8-2025

Accounts Payable: ____

Section 7 - Appropriate Approvals (Print and Sign)

SFCB Advisor: