



**ST. JOHN'S
UNIVERSITY**

**College of Pharmacy
and Health Sciences**

Student Travel Request Form

PRE-APPROVAL

Student Name:		Student X Number:
Request Date:	Student Phone Number:	Student Email:
Degree and Program:		

Destination, Purpose of Trip and Sponsor if applicable:	
Date trip to begin (mm/dd/yy):	Date trip to end (mm/dd/yy):

Estimated Expenses

Conference/Fees	\$
Lodging	\$
Meals	\$
Transportation	\$
Miscellaneous	\$
Total	\$

I have reviewed and agreed to comply with the University's Travel Expense Reimbursement Policies and Procedures.

Student' Signature

Date _____

TO BE COMPLETED BY AUTHORIZED COLLEGE PERSONNEL ONLY.

I authorize the above listed student to travel and expend University funds using the below listed budget numbers.

Dean or Department Chair Signature

Date _____

Budget No. (Fund-Org-Account)	Approved Amount
	\$
	\$
Total	\$