DREXEL UNIVERSITY
College of
Computing &
Informatics

Student Request for Travel Funds

Student Information

Name (as on Govt ID): _____ ID#: _____

Email: _____ Phone (on travel day): _____

Home address: _____

Registration Information

Name of Event: _____ Dates: _____

Participation: _____ Location: _____

Website: _____ Registration Fee: _____

Website Login/Password: _____ Membership #: _____

Special Requests (meal preferences, banquets, etc.): _____

Transportation Information

Estimated Transportation Fee: _____

Departure date/Flight #: _____Arrival date/Flight #: _____

Frequent Flyer #: _____ Date of Birth: _____

Passport #/Expiration Date/Country of Origin (FOREIGN TRAVEL ONLY): _____

Hotel Information

Estimated Lodging Fee: _____ Check-in/Check-out Dates: _____

Hotel website: _____

GRAND TOTAL Estimated Budget: _____

Student Signature: _____ _____ Date: _____

Advisor Signature: _____ Date: _____

Approved ☐ Declined ☐ Amount: _____

Director Signature: _____ _____ Date: _____

*Submit **COMPLETED** form to **BRENNA PELLEGRINI** for consideration, along with **ENTIRE PAPER**, and conference **ACCEPTANCE LETTER**.*
*IST requires **30 DAYS NOTICE** to approve travel reimbursement.*