

STUDENT TRAVEL REQUEST

NAME OF GROUP ¹			
NAME OF CONFERENCE/COM	MPETITION:		
COMPETITION LOCATION: NAMES OF ATTENDEES:* (AND CLASS YEAR)	_		
ESTIMATED TOTAL EXPENSE:	S ²		
	AIRFARE		(ATTACH RECENT SEARCH)
	HOTEL		(ATTACH PRINTOUT INFO)
	CAR RENTAL		(ATTACH ESTIMATE)
	PER DIEM		(\$30 PER DAY PER STUDENT)
	AIRPORT PARKING		(CARPOOL YOUR TEAM)
SOURCES OF FUNDING ³			
ATTACH WRITTEN	ALUMNI ASSOCIATION		
CONFIRMATION	DIVERSITY SERVICES		
OF ALL GRANTED FUNDS	COGS OTHER MSU/MSU LAW DEPARTMENT		
	NAME OF OTHER SOURCE:		
2 - ESTIMATED EXPENSES SH 3 - THESE SHOULD BE CONFI	OULD BE FOR THE GROUP A	O NOT FILL OUT THIS FORM AS A AS A WHOLE AND NOT AN INDIVI STIMATES. Attach written docun HOUT PRE-APPROVAL FROM OSE.	DUAL. nentation.
ACCOUNTING APPROVAL:			
COMMENTS:			