



STUDENT TRAVEL

(Select One:)

Out-of State Travel **or** In-State Travel

TO: ELAC President Marvin Martinez

FROM: _____
Vice President/Dean

DATE: _____

Name of Event: _____

Location: _____

Dates of Travel: _____ / _____
From To

Purpose of Trip (*Brief Description of how students will benefit*):

Number of Students Attending: _____

Student Expenses (Total): \$ _____

Funding Source(s):

District General Fund #: _____

College ASU #: _____

Other #: _____

Faculty Attending: (List Name/s): _____

Faculty Expenses (Total): \$ _____

Funding Source(s):

District General Fund #: _____

College ASU #: _____

Other #: _____

