Office of the
Dean of Students
Student Affairs
UNIVERSITY OF GEORGIA

No: E - _____
(Assigned by DOSBO)

The University of Georgia
Dean of Students Business Office

DOSBO Student Travel Form

Traveler's Name: _____ UGA ID Number: _____

Traveler's Full Address: _____

Traveler's Email: _____Traveler's Phone #: _____

Student Organization: _____

☐ Individual Travel ☐ Group Travel

☐ Conference ☐ Field Trip ☐ Tournament/Competition ☐ Other: _____

Purpose of Trip:_____

Dates of Trip: _____ Location: _____

Organization's Account Information:

ChartString(s):	Name of Accounts:	Maximum Amount Allowed:

Itemized Estimate of Costs:

Meals:		Conference Registration:	
Lodging:		Entry Fees:	
Transportation:		Other:	

(Reimbursement cannot exceed the amount allowable under University Travel Policies and/or Student Activity Fee Guidelines)

Total Estimated Costs:_____ Mode of Travel: _____

Local Travel Agency: _____ Name of Agent: _____

YOU MUST PAY YOUR STUDENT ACTIVITY FEES TO BE ELIGIBLE FOR STUDENT TRAVEL REIMBURSEMENT

I certify that I am currently enrolled as a Student in good academic standing at the University of Georgia and have paid my Student Activity Fees for the semester in which I am traveling. I also certify that I have been duly elected or appointed as an "Official Student Representative" of the above referenced Student Organization.

I understand that, as a representative of the University of Georgia and an appointed representative of my Student Organization, I will engage in behaviors that are responsible and mature. I will abide by state and local laws, the University of Georgia Student Code of Conduct, and conference/activity rules and regulations. I also understand that if I violate rules and regulations that I may not be reimbursed by the University of Georgia for my expenses. By signing below I agree to these travel conditions.

_____ _____

Traveler's Signature Date Organization Treasurer Signature Date

_____ _____

Organization Advisor Signature Date Organization Advisor Telephone or Email

_____

Academic Dean for School/College Signature

Business Office Review:

SAF Verification: _____ DOSBO Review: _____ Date: _____