

No: E -	
	(Assigned by SABO)

The University of Georgia Student Affairs Business Office

SABO Student Travel Form

Traveler's Name:	UGA ID Number:							
Traveler's Full Address: _								
	ler's Email:Traveler's Phone #:							
Student Organization:								
☐ Individual Travel	☐ Group Trave	l						
□ Conference □ Fie	ld Trip 🛭 Toı	ırnament,	Competition □ Other	r:				
Purpose of Trip:								
Dates of Trip:								
Organization's Accou	nt Information	ı:						
ChartString(s)):	Name of Accounts:		Maximum Amount Allowed:				
Itemized Estimate of	Costs:							
Meals:			Conference Registr					
Lodging:			Entry Fees:					
Transportation: Other: Other: (Reimbursement cannot exceed the amount allowable under University Travel Policies and/or Student Activity Fee Guide								
(Keimbursement cannot excee	a tne amount allowo	ıbıe unaer C	niversity Travel Policies an	a/or Stud	іепі Аспуну Fee Gui	ietines)		
Total Estimated Costs:		Mode	e of Travel:					
Local Travel Agency:			Name of Agent:					
YOU MUST PAY	YOUR STUDENT	T ACTIVIT	TY FEES TO BE ELIGI	BLE FO	R STUDENT TRA	AVEL		
I contify that I am a	month.compolled o		BURSEMENT	ma at tha	. II missonsites of Coor	urio and harra		
paid my Student Activity Fe			t in good academic standi I am traveling. I also certi					
appointed as an "Official St						· mary Ctandomt		
Organization, I will engage			versity of Georgia and an ible and mature. I will abi					
University of Georgia Stude	ent Code of Conduc	ct, and conf	erence/activity rules and	regulation	ons. I also understa	nd that if I		
violate rules and regulation I agree to these travel condi		reimburse	ed by the University of Ge	orgia for	my expenses. By si	gning below		
Traveler's Signature		Date	Organization Treasurer Signature		 Date			
Traveler 5 bigilature		Date	Organization Treasu	rer bigii	ature	Dute		
Organization Advisor Sig	nature	Date	Organization Adviso	r Telepł	none or Email			
Business Office Revie	X A7•							
SAF Verification:		Review:	Date:					