# SABO 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: | Max Amount Requested: |
|---|---|---|
| | | |
| | | |

**Itemized Estimate of Costs:**

| | | | |
|---|---|---|---|
| Meals: | | Conference Registration: | |
| Lodging: | | Transportation: | |

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

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.

_____ _____

Traveler's Signature Date Org's Treasurer Signature Date

_____ _____

Org's Advisor Signature Date Org's Advisor Telephone or Email

Business Office Review:

SAF Verification:_____ SABO Review: _____ Date: _____