



Student Travel Budget Sheet

Trip: _____ **Date(s):** _____

Purpose: _____

Destination: _____ **Number of Participants:** _____

Number of Male: _____ **Female:** _____

Conference Fee: _____ **Individual** _____ **Group**

Hotel Expense: _____

Daily Room Rate: _____

Number of Rooms Needed: _____

Number of Nights: _____

Total Costs: _____

Meals:

of Meals _____ **Cost Per Day** _____ **Total Meal Costs:** _____

Transportation:

Air Fare _____

College Vehicle/Mileage _____

Ground Transportation _____

Parking _____

Total Cost of Travel: \$ _____

**All inquiries on expenses should be discussed with Accounts Payable,
865-694-6601, or click Travel Information.**