

Gift to Agency – Travel Request

Campus Information			
Campus Name:			
Address:			
City:		State, ZIP:	
Campus Contact:		Title:	
Phone Number:		E-mail:	
Official Using Travel Payment:		Title:	
Department:			

Donor Information			
Donor Name:			
Address:			
City:		State, ZIP:	

Travel Payment Information			
Gift Amount:		Date Received:	
Travel Location:			
Date(s) of Travel:	From:	To:	

ESTIMATED TRAVEL EXPENSES:

Transportation Expenses	\$
Lodging Expenses	\$
Meal Expenses	\$
Other Expenses	\$
Total Estimated Expenses:	\$

Describe purpose of trip, and use of travel gift for official agency business:

I have determined that it is in the interest of the agency to accept this travel gift and use it for the official agency business described above.

Signature of Agency Head or Designee

Print Name

Title

Date