**Student Travel Form**

**Group Name:**

______________________________

**Purpose:**

__________________________________________

---

**Dates of Travel:**

From __________ To __________

**Location of Travel (city, state):**

______________________________

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**Transportation Method:**

____________________________________

**Hotel / Lodging Information (name, address, phone):**

____________________________________

---

**Group Point of Contact:**

Name: ________________________________

E-mail Address: _______________________

Cell Phone #: _________________________

*pre and post trip contact

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**Authorized Signatory**

Name: ________________________________

Signature: _____________________________

Cost Object: ___________________________

Total Amount Approved: $________________

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**Roster of people attending and emergency contacts**

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<th>Emergency Contact Name</th>
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*Use back for additional space

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Student Activities Office, W20- 549, (617) 253-6777, funds@mit.edu