

**NSU LAW
INDIVIDUAL STUDENT TRAVEL REQUEST FORM
SUBMIT TO ASSISTANT DEAN FOR ADMINISTRATION**

STUDENT NAME: _____
(Please provide name exactly as it appears on your travel identification)

D.O.B.: _____

PHONE NUMBER: _____

REPRESENTING: _____

POSITION HELD: _____

TRAVEL DATES: _____

LOCATION: _____

FUNDING SOURCE: _____

DATE SUBMITTED: _____

(1) Hotel Payment Information:

Attach copies of all conference and hotel registration information. If time allows, the cost will be prepaid. The check will be mailed to the hotel directly from NSU Accounts Payable. We are exempted from hotel taxes in the states of Colorado, Florida, Kansas, Kentucky, Maine, Michigan, Missouri, New Jersey, New York, Ohio, Rhode Island, Tennessee, Texas, Utah, Virginia and Wisconsin. Hotel reservations must be held by a personal credit card, since NSU does not provide this service. Therefore, you may elect to make your own reservations, as long as the cost is within your budget, or you will need to provide your credit card number for us to make the reservations.

Hotel Name: _____

Address: _____

Telephone: _____

Fax Number: _____

Cost: _____ Single Room X _____ Rate (+ _____ tax) X _____ Days =

Hotel Total Payment Due _____

PLEASE SUBMIT ANY ADDITIONAL INFORMATION PERTINENT TO TRAVEL ON A SEPARATE SHEET.

**NSU LAW
STUDENT GROUP TRAVEL REQUEST FORM
SUBMIT TO ASSISTANT DEAN FOR ADMINISTRATION**

STUDENT ORGANIZATION: _____

COMPETITION TITLE: _____

TRAVEL DATES: _____

LOCATION: _____

FUNDING SOURCE: _____

Names of Students Attending:
(Please provide name exactly as it appears on your travel identification)

Name: _____ D.O.B.: _____ Phone Number: _____

Name: _____ D.O.B.: _____ Phone Number: _____

Name: _____ D.O.B.: _____ Phone Number: _____

Name: _____ D.O.B.: _____ Phone Number: _____

Name: _____ D.O.B.: _____ Phone Number: _____

Name of the one student who will be responsible for all travel arrangements and all funds:

Faculty Advisor's Approval: _____

Date Submitted: _____

(1) Hotel Payment Information:

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Hotel Payment Information (cont'd.)

(MUST ATTACH HOTEL CONFIRMATION WITH THIS FORM!)

Hotel Name: _____
Address: _____
Telephone: _____
Fax Number: _____

**Rooms needed and names of occupants for each:
A male and a female may not share the same room!**

Double: _____

Single: _____

Number of nights: _____

Cost:

_____ Single Rooms X _____ Rate(+ _____ tax) X _____ Days = _____ Subtotal
_____ Double Rooms X _____ Rate (+ _____ tax) X _____ Days = _____ Subtotal

(2) Car/Van rental Information:

Rental vehicle is directly billed to NSU and insurance for the rented vehicle will be covered by NSU. **Please remember when dropping off rental vehicle, it is a necessity to fill up gas tank and obtain and submit a receipt.**

Person driving vehicle (must be over 25 years of age): _____

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