

FIORELLO H. LAGUARDIA COMMUNITY 31 - 10 THOMSON AVENUE, LONG ISLAND CITY, NY 11101

TRAVEL ADVANCE REQUEST FOR STUDENT GROUPS

DEPARTMENT, CLUB OR ORGANIZATION

CHAPERONE

CONTACT INFO.

PURPOSE FOR TRAVEL:

DESTINATION:

TRANSPORTATION TO BE USED:

DEPARTURE DATE:

DATE OF RETURN:

PER DIEM ALLOWANCE:

OF TRAVELERS: _____

TOTAL REQUESTED:

AUTHORIZED SIGNATURE

DATE

I CERTIFY THAT I RECEIVED MY PER DIEM ALLOWANCE OF

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| PRINT STUDENT NAME | EMPLID | SIGNATURE |
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