

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

\$

PRINT STUDENT NAME	EMPLID	SIGNATURE
	1	