



Student Travel Form & Meal Money Pick-up Form

Requester: _____ # of _____
Event Name: _____ Students: _____
Destination: _____ Date(s): _____

**Note: President must receive list with Board Approved Trip Request before event to approve as follows:
10 calendar days (in-state) 30 calendar days (out-of-state)**

Meal Money Amount (per student): _____

900#	Student Names	Signature	Advisor Roll Call (Check)
1			<input type="checkbox"/>
2			<input type="checkbox"/>
3			<input type="checkbox"/>
4			<input type="checkbox"/>
5			<input type="checkbox"/>
6			<input type="checkbox"/>
7			<input type="checkbox"/>
8			<input type="checkbox"/>
9			<input type="checkbox"/>
10			<input type="checkbox"/>
11			<input type="checkbox"/>
12			<input type="checkbox"/>
13			<input type="checkbox"/>
14			<input type="checkbox"/>
15			<input type="checkbox"/>
16			<input type="checkbox"/>
17			<input type="checkbox"/>
18			<input type="checkbox"/>
19			<input type="checkbox"/>
20			<input type="checkbox"/>
21			<input type="checkbox"/>
22			<input type="checkbox"/>
23			<input type="checkbox"/>
24			<input type="checkbox"/>
25			<input type="checkbox"/>

**If more than 25 students travelling, include additional signed forms.*

****Forward to Patty McClure for President's office for review, approval & signature and cc: travel@avc.edu**

****All updates to list need to be completed 24 hours prior to pick-up. Form will be used for Cashier's Office meal money pick-up. All funds not picked up will be deposited two days after the trip is completed. Trip advisor will need to submit form back to cashier's office for attendance verification.**

Date Board Approved: _____

President's Signature: _____

Date: _____

Received: _____

(Purchasing Use ONLY)