

**PASCO-HERNANDO COMMUNITY COLLEGE  
REQUEST FOR STUDENT TRAVEL FUNDS**

(NOTE: Complete one form for each Student Travel Event requested. Include advisor/coach expenses in cost figures.)

East Campus	North Campus	Spring Hill Campus	West Campus
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Name of Club/Organization/Team _____	Circle One				
	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">District</td> <td style="width: 25%;">Regional</td> <td style="width: 25%;">State</td> <td style="width: 25%;">National</td> </tr> </table>	District	Regional	State	National
District	Regional	State	National		

Name of Event/Competition/Conference _____	Level of Trip (Circle One)				
	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">Athletic Team</td> <td style="width: 25%;">Competition</td> <td style="width: 25%;">Conference</td> <td style="width: 25%;">Other Event</td> </tr> </table>	Athletic Team	Competition	Conference	Other Event
Athletic Team	Competition	Conference	Other Event		
	Type of Trip (Circle One)				

Location of Event/Competition/Conference (Give City & State) _____	Dates of Event/Conference/Competition _____
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Name of Staff Member(s) Accompanying Students on Trip \_\_\_\_\_

Estimated Number of Students Participating in Event \_\_\_\_\_ Estimated Number of Advisors/Coaches Participating in Event \_\_\_\_\_

Travel Will Be By (Check One): \_\_\_\_\_ Bus/Van Rental \_\_\_\_\_ PHCC Vehicle \_\_\_\_\_ Airplane \_\_\_\_\_ Private Car \_\_\_\_\_ Other (Describe): \_\_\_\_\_

Estimated Total Costs of Meals	STUDENTS	ADVISOR/COACH	VOLUNTEER	OTHER (Describe): _____
	\$ _____	\$ _____	\$ _____	\$ _____

Estimated Total Costs of Registration (Cost per Registration)	STUDENTS	ADVISOR/COACH	VOLUNTEER	OTHER (Describe) _____
	\$ _____	\$ _____	\$ _____	\$ _____

Estimated Total Costs of Hotel (Cost per Room)	STUDENTS	ADVISOR/COACH	VOLUNTEER	OTHER (Describe) _____
	\$ _____	\$ _____	\$ _____	\$ _____

Estimated Total Costs of Transportation (Cost per Student)	STUDENTS	ADVISOR/COACH	VOLUNTEER	OTHER (Describe) _____
	\$ _____	\$ _____	\$ _____	\$ _____

Estimated Other Expenses (Describe): (Cost per Participant)	STUDENTS	ADVISOR/COACH	VOLUNTEER	OTHER (Describe) _____
	\$ _____	\$ _____	\$ _____	\$ _____

Total Estimated Costs of Entire Trip	STUDENTS	ADVISOR/COACH	VOLUNTEER	OTHER (Describe) _____
	\$ _____	\$ _____	\$ _____	\$ _____

<b>GRAND TOTAL – ALL EXPENSES FOR THIS TRIP</b>	<b>\$</b>	
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Describe how PHCC and the students will benefit from this trip:

SPECIAL NOTES:

Signature of Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Assoc. Dean of Student Activities: \_\_\_\_\_ Date: \_\_\_\_\_

District-Wide Student Activities Committee ONLY				
Date Received: _____	Action:	Approved	Disapproved	Held
Date: _____				

Budgetary Account: \_\_\_\_\_