


**The UNIVERSITY of OKLAHOMA**  
**College of**  
**Dentistry**  
**Student Travel Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

ID: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Destination: \_\_\_\_\_

Dates of Travel: \_\_\_\_\_

Registration Cost: \_\_\_\_\_

Airfare Cost: \_\_\_\_\_

Hotel Cost: \_\_\_\_\_

Rooming with: \_\_\_\_\_

Is this trip being sponsored by the Dean's office? Yes or No

If yes, are you currently a vendor? Yes or No

\*The conference/event agenda must be attached. Make sure to return ITEMIZED receipts for lodging, food, and transportation within a week of travel.

\*Students must be in good academic standing in order to travel.

<b><u>Approval Signatures:</u></b>		
Group Practicing Director:		
_____	_____	_____
Printed Name	Signature	Date
Pedo Faculty:		
_____	_____	_____
Printed Name	Signature	Date
Dean of Student Affairs:		
_____	_____	_____
Printed Name	Signature	Date
Business Manager:		
_____	_____	_____
Printed Name	Signature	Date