



GROUP TRAVEL ROSTER OF TRAVELERS

Group Leader's

Travel Date: _____ Name: _____
 Dept./Project No.: _____ PO/TAR#: _____
 Destination: _____

	Student Traveler's Name (Printed or Typed)	ID Number	Type 1 if You Received: *				Signature of Traveler
			Hotel	Breakfast	Lunch	Dinner	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
	Total		0	0	0	0	

*type 1 or leave blank to get correct totals

	Staff Member's Name (Printed or Typed)	ID Number	Type 1 if You Received: *				Signature of Traveler
			Hotel	Breakfast	Lunch	Dinner	
1.							
2.							
3.							
4.							
5.							
6.							
	Total		0	0	0	0	

All meals and lodging provided should be marked as "comp" and these amounts should be deducted from the total amount to be reimbursed.

I affirm that the above list of individuals' hotel and meals are correct as indicated.

Group Travel Leader Signature

Date

PLEASE USE ADDITIONAL SHEETS AS NEEDED -- ONE FOR EACH DAY OF TRAVEL