

DATE SUBMITTED _____	APPROVE _____
DATE COMMITTEE ACTION _____	DENY _____
<b>FOR OFFICE USE ONLY</b>	

UNIVERSITY OF GEORGIA... STUDENT GOVERNMENT ASSOCIATION

SMALL CLUBS ACCOUNT  
TRAVEL ALLOCATION REQUEST  
(See reverse side for guidelines)

Name of Organization & Length of Existence	Name of Event / Activity
President / Major Student Officer	Date of Event
Address	Location of Event
City / State / Zip	Expected Attendance
Telephone	City / State of Event
E-mail Address	Total Amount Requested
	Organization E-mail address (if applicable)

**PURPOSE OF EVENT: (Attach brochures, registration information, and/or additional information as necessary).**

**Transportation Expenses:**

One Round Trip Airfare from _____	to _____	\$ _____
Round Trip Auto Mileage from _____	to _____	\$ _____
Number of Miles _____	at .485 cents per mile	\$ _____
Number of Persons attending _____	<b>Total Amount Requested</b>	<b>\$ _____</b>

