

**Business Related Travel**  
To be completed by Faculty Member, Principal Investigator (PI), or Administrator

I certify that this student's expense relates to the following:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Faculty Member/ PI/ Administrator – Name: \_\_\_\_\_

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

**To be completed by Student**

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Undergraduate Student

Graduate Student

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

### Processing ^ D Student Travel Payments

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 Student travel % Çments are of a c

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