



GROUP TRAVEL ROSTER OF TRAVELERS

Group Leader's

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

	Student Traveler's Name (Printed or Typed)	Status		Vendor ID Number	Type 1 if You Received: *				Signature of Traveler
		U.S. Citizen	Non-U.S. Citizen		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								

*type 1 or leave blank to get correct totals

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

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