

ALABAMA COLLEGE OF OSTEOPATHIC MEDICINE SGA TRAVEL ASSISTANCE PROGRAM APPLICATION

(Covers Maximum of \$500 Travel Expenses)

Form E, v1.1, Revised Fall 2016



Date of Event: _____

Organization: _____

Student(s) Traveling: _____

Event: _____

Location: _____

Brief Description of Event Purpose: _____

Item Description	Payee/Vendor	Estimated Amount
TOTAL	(max of \$500)	\$

Organization President's Signature: _____ Date: _____

SGA Director of Finance: _____ SGA Approved:

Dean of Student Services: _____

Please submit form with Organization President's signature to **SGA Director of Finance**.
After the event, please submit reimbursement forms for each student along with receipts.

E-mail questions to: sgafinance@acomedu.org