

Request for Travel Stipend

Name:		Date:	
Purpose of Trave	1:		
Traveling from:			
Travel Dates:			
Reimbursable Ex	xpenses (not to exceed \$250.00	0)	
Mileage:	miles @ 70 cents per mile	\$	
Airfare:		\$	
Car Rental:		\$	
Lodging:		\$	
		Total Expenses	\$
Amount Requested to be Reimbursed \$			
Where should your reimbursement check be mailed?			
Signature		Date	

RECEIPTS MUST BE INCLUDED WITH THIS FORM. All requests for reimbursement must be received no later than one month after the first day of class. Documentation may be emailed to info@CharlestonLaw.edu, dropped off in the Office of Admission, or mailed to: Charleston School of Law / Office of Admission / 385 Meeting Street / Charleston, SC 29403.