

Request for Travel Stipend

Name:

Date:

Purpose of Travel:

Traveling from:

Travel Dates:

Reimbursable Expenses (not to exceed \$250.00)

Mileage: miles @ 56 cents per mile \$

Airfare: \$

Car Rental: \$

Lodging: \$

Total Expenses \$

Amount Requested to be Reimbursed \$

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 dropped off in the Office of Admission or mailed to: Charleston School of Law / Office of Admission / PO Box 535 / Charleston, SC 29402.

To be completed by the Office of Admission:

Maximum Reimbursement \$ 250.00

Amount to be Reimbursed \$ _____

Approval Date: _____