

CHARLESTON

SCHOOL OF LAW

Request for Travel Stipend

Name:

Date:

Purpose of Travel:

Traveling from:

Travel Dates:

Reimbursable Expenses (not to exceed \$250.00)

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.

To be completed by the Office of Admission:

Maximum Reimbursement: \$250.00

Amount to be Reimbursed: \$ _____

Approval Date: _____