

CHARLESTON

SCHOOL OF LAW

Request for Travel Stipend

Name: _____

Date:

Purpose of Travel:

Traveling from:

Travel Dates:

Reimbursable Expenses (not to exceed \$250.00)

Airfare:

Car Rental: \$

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: