

Graduate and Professional
Student Government Association
264 Student Union
Phone # 405-744-3419
http://gpsga.okstate.edu
Email: gpsga@okstate.edu



Travel Application

Applicant Information

First Name Last Name

CWID # SSN #

Expense Information

TOTAL REQUESTED (As filled in the online-application)

Verification of Information by Applicant

I, , verify that the information provided above (and in the online application) is correct. I understand that incomplete or erroneous applications will be automatically rejected.

Signature _____ Date

Attested by Department Head, Advisor or Program Director

I, , have verified the information provided above (including the online application) and believe it to be true to the best of my knowledge.

Signature _____ Date

(In case you have not received an e-mail about the online application please [contact us](#) or the application before signing this form. An automatic e-mail would have been sent to the applicant while submitting the application and you may verify the information in that e-mail before signing this form.)

OFFICE USE ONLY

Total Eligible Amount :

Total Money Allocated :

Invoice Number :

Date of Processing :