



**GROUP TRAVEL ROSTER
OF TRAVELERS
Fiscal Year 2018-2019**

Travel Date: _____

Dept./Project No: _____

Destination: _____

Group Leader's Name: _____

PO #: _____

	Student Traveler's Name (Printed or Typed)	Status		NID	Signature of Traveler	
		U.S. Citizen	Non-U.S. Citizen			
1.						1.
2.						2.
3.						3.
4.						4.
5.						5.
6.						6.
7.						7.
8.						8.
9.						9.
10.						10.
11.						11.
12.						12.
13.						13.
14.						14.
15.						15.
16.						16.
17.						17.
18.						18.
19.						19.
20.						20.

	Staff Member's Name (Printed or Typed)	Status		NID	Signature of Traveler	
		U.S. Citizen	Non-U.S. Citizen			
1.						1.
2.						2.
3.						3.
4.						4.
5.						5.

Group Travel Leader Signature Date

Use Additional Forms as Needed