**JMU WellsOne REQUEST FOR FUNDING Student**

Name of Traveler \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PeopleSoft SA Student ID# \_\_\_\_\_\_(2)\_\_\_\_\_\_\_\_\_\_\_

Amount Requested $\_\_\_\_(3)\_\_\_\_\_\_\_\_\_\_ Travel Dates \_\_\_\_\_\_\_\_\_(4)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TA# (5)

Destination \_\_\_\_\_\_\_\_\_(6)\_\_\_\_\_\_\_\_ \_\_\_\_\_ Purpose of Travel \_\_\_\_\_\_\_\_\_\_(7)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am requesting funding of a WellsOne Card to cover per diem for a student traveling as a representative of James Madison University. I agree to cover charges up to the amount listed from the Department identified on the attached Travel Authorization. My signature below indicates I, or my designee, have reviewed the attached Per Diem Calculations for accuracy and have ensured the student traveler is aware of the appropriate use and applicable university and state procedures applicable to the use of the requested funds.**

\_\_\_\_\_\_\_(8)\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_(9)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_(10)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of Approving Authority\* Title

**[\*Approving Authority Signature** represents one of the following: Vice President, Assistant Vice President, Dean, Director, or Department Head, who is the Approving Authority for this DeptID must sign]

Upon completion of this travel, I will return the WellsOne Card to the University Business Office within five business days. If the legitimate expenses are less than the card total spent, I must reimburse the department within 30 days of the trip return date.

\_\_\_\_\_\_(11)\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(12)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_(13)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of Traveler Department Name & DeptID#

*A copy of the completed* ***Travel Authorization*** *and the* ***Commonwealth of Virginia Per Diem Calculation [http://perdiem.vccs.edu/]*** *must be attached for processing.*

Revised 11/20/2013