

(BUDTRA) Budget Adjustment Required Travel Addendum

2024-2025

University of South Florida
Office of Financial Aid • 4202 East Fowler Avenue, SVC 1102 • Tampa, Florida 33620-6960

Student's Name: _____ USF ID: U _____

- This form, along with any attachments, must be completed and submitted to OFA no later than the date indicated on the budget adjustment request form.
This form should not be used if travel is due to participation in program through Education Abroad.
All costs itemized below must have supporting documentation labeled and attached to this form.
Only copies of documents should be submitted. Keep originals for your own records, as they cannot be returned.

Part 1:

- 1.) Are you in the Global Sustainability Program? Yes No
2.) Travel Start Date: / / End Date: / /
3.) Total Enrollment for Term of Travel: Undergraduate Hours Graduate Hours
4.) Location(s) being traveled to:
5.) Will any travel expenses be reimbursed by another department or will you receive a scholarship for a portion of your expenses related to the trip? Yes No
If Yes: Department/Name of Scholarship Covered Expenses/Amount

Part 2:

All fields in this section must have a value or form will be considered incomplete. Use "0" if not applicable.

Table with 3 columns: Description, Amount, and Unit. Rows include Residency Permit Fees, Round Trip Transportation, Required Immunizations & Medications, Passport/Visa Fees, USF Assessed Administrative Program Fees, Contracted Lodging, and Other Expenses.

Part 3: Student Certification

All the information on this form and accompanying documentation is true and accurate to the best of my knowledge. The penalty for giving false information may include, but is not limited to, the forfeiture and return of any funds received. I acknowledge that submission of this form does not guarantee the request will be approved and understand all decisions are made based on the professional discretion of OFA and cannot be appealed to the Department of Education.

Student: _____ Signature _____ Date ____/____/____

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