TRAVEL REIMBURSEMENT AGREEMENT

Club/Organization	Destination	Travel Dates

I understand that Stockton will be paying for expenses on my behalf which may include travel, registration and/or entry fees. By signing below, I acknowledge that if I am unable to attend this trip, I agree to reimburse Stockton the full cost of the fees paid on my behalf (except in the event of a documented medical or family emergency). Failure to reimburse Stockton as agreed may result in a hold on my academic records, prohibiting registration, release of grades, etc. until the College has received full reimbursement.

All signatures must be in ink.
Witness must be a Stockton Employee, preferably the program advisor approving the trip.

Date	Student Name (printed)	Z Number	Student Signature	Witness Signature	Witness Name (printed)