

Student Group Travel

FUNDING REQUEST

Student Group Information:

Student Group: _____

Address: _____ Phone #: _____

Number of student members: _____ Number of non-student members: _____

Does your group have an account with the Student Organizations Finance Office? Yes _____ No _____

Approval by Authorized Student Group Signer: _____

NOTE: In order to be considered for funding, funding sources require that a student group have an account in good standing with the Student Organizations Finance Office *prior* to being considered for funding.

Funding for this travel must be in place no less than four weeks prior to departure.

Travel Information:

Name of Conference or Travel Business: _____

Travel Destination: _____

(The Coordinated Administrative Funding Committee (CAFC) will not consider proposals for International Travel.)

Dates of Travel (departing and returning): _____

Number of travelers: _____ (The CAFC will fund up to two travelers.)

Traveler Names (Attach list for additional travelers)

Travel Contact Information:

Authorized Signer/Travel Contact: _____
(MUST be a traveler)

Student Identification Number: _____

Address: _____ City _____ State _____ Zip _____

Home #: _____ Cell #: _____ E-Mail: _____

Additional Signer: _____

Student Identification Number: _____

Address: _____ City _____ State _____ Zip _____

Home #: _____ Cell #: _____ E-Mail: _____

NOTE: Only 2 authorized signers are allowed per student group travel account. The person designated as the account signer must possess the knowledge necessary to act as the main contact person for the travel.

08/09

TRAVEL PROPOSAL BUDGET

Student Group: _____ Today's Date: _____ Funding Deadline: _____

Name of Conference or Travel Business: _____

Destination: _____ Dates of Travel: _____

TOTAL BUDGET

Registration \$ _____
 Lodging \$ _____
 Lodging Tax \$ _____
 Meals \$ _____
 Transportation \$ _____
 (airfare, bus, etc.)
 Ground Transportation \$ _____
 Other \$ _____
 SUBTOTAL: \$ _____
 GAR/GIR (5.90%): \$ _____
 TOTAL: \$ _____

ANTICIPATED FUNDING SOURCES

Indicate: { A / E / C }
 { A / E / C } _____ \$ _____
 { A / E / C } _____ \$ _____
 { A / E / C } _____ \$ _____
 { A / E / C } _____ \$ _____
 { A / E / C } _____ \$ _____
 TOTAL = \$ _____

REGISTRATION DETAILS: (How much x # of travelers)

\$ _____ x _____ = \$ _____

TRANSPORTATION DETAILS: (How much x # or travelers)

\$ _____ x _____ = \$ _____

COST PER PERSON

Registration \$ _____
 Lodging \$ _____
 Lodging Tax \$ _____
 Meals \$ _____
 Transportation \$ _____
 Ground Transportation \$ _____
 Other \$ _____
 SUBTOTAL: \$ _____
 GAR/GIR (5.90%): \$ _____
 TOTAL: \$ _____

LODGING DETAILS: (\$ per day x # of days x # of rooms)

\$ _____ x _____ x _____ = \$ _____

(Room Rate)

\$ _____ x _____ x _____ = \$ _____

(Lodging Tax)

MEALS DETAILS: (\$ per day x # of days x # of travelers)

Student fee sources will not fund meals.

\$ _____ x _____ x _____ = \$ _____

Travel Contact Person: _____

Work Phone #: _____ Cell Phone #: _____

E-Mail Address: _____

Please bring the original budget to the SOFO, UMC 231 for review and approval.

SOFO REVIEW AND APPROVAL: _____ DATE: _____

Travel Information:

Please answer the following questions regarding the conference/competition your group wishes to attend. If more space is needed, attach extra pages.

Give a brief synopsis of the content of the conference/competition (i.e. topics to be discussed.):
If you attending a conference, please attach a copy of the conference brochure.

Is your group a member of or have a relationship with the conference's sponsoring organization? If not, how did your group learn about the conference/competition?

Explain how attending this conference/competition will benefit the wider university community? What will your group do with the experience/information gained by attending?

If your group has attended this conference/competition in the past, please summarize experiences and funding history.

Please list any on-campus activities your group has sponsored in the last 12 months.