

**THE UNIVERSITY OF AKRON**  
**Associated Student Government (ASG), Student Union 133, 330-972-7002, [asg@uakron.edu](mailto:asg@uakron.edu)**

**STUDENT ORGANIZATION**  
**TRAVEL AUTHORIZATION**

This form must be completed and submitted to the ASG office, located in Student Union 133, a minimum of **four weeks prior** to traveling or incurring any travel expenses. A student organization representative shall meet with the ASG Leadership Advisor (or ASG Secretary) to complete and discuss the Pre-Travel Checklist form.

**Documentation of Travel Requirements:**

This form must be accompanied by all required documentation from the source of the conference or event. The required documentation should confirm the date, time, place of the conference or event, and should verify all of the costs associated with the conference or event, and provide this office with the details of conference or event travel including: the date, location, mode of transportation, travel costs, funding sources, and the identification of those students participating. Travel that occurs without authorization will not be funded by EAF. Our office is available to help you plan your student organization travel itineraries.

All requests for reimbursement after travel is complete must be submitted on the Student Organization Requisition Request form (which can be found at: (<http://www.uakron.edu/studentlife/source/forms.php> within two weeks after completion of travel). A completed Student Organization Travel Authorization form must be completed if your travel is expected to be overnight and/or out-of-state.

Travel Authorization requires final approval from the appropriate department:

1. Associated Student Government (ASG) reviews travel requests for undergraduate organizations, and Graduate Student Government (GSG) reviews travel requests for graduate organizations, and recommend the amount of funding for the travel request based on EAF policy and guidelines. Undergraduate organizations can contact ASG at (330) 972-7002 or [asg@uakron.edu](mailto:asg@uakron.edu) for information or assistance. Graduate organizations can contact GSGRC at [wmiller824@gmail.com](mailto:wmiller824@gmail.com) or Susan Beke at (330) 972-7088 for information or assistance.
2. The ASG Leadership Advisor or ASG Secretary reviews the travel request, and assists the organization with travel logistics such as safety, security, risk management, interpretation of EAF travel policies, and any other travel planning assistance requested.
3. Following the final recommendations of ASG or GSG and the approval, the final step in the travel authorization process is addressed by the ASG Leadership Advisor or ASG EAF Director. The Department of Student Life Business Office transfers the funding allocation to the student organization's EAF travel account, and will process payment for services requested through an authorized Student Organization Requisition Request form (s) or Expense Report.

Date Prepared:	
Name of Organization:	
EAF/SAF Account Number	
Name of Contact Person	
Email and Phone of Contact	
Name of Campus Advisor	
Reason for Travel:	
Where:	
When:	

How will your group and the University of Akron benefit from this experience?

Are funds being requested for advisor's travel expenses? If so, please explain the reason for this request.

Carefully read the TRAVEL Guidelines and Instructions under EAF Rules at the ASG website: regarding EAF allocations and decisions. Complete **one (1) form per trip**. There is a **three trip maximum up to a \$1000.00 maximum allocation per trip**. Documentation must be provided, per EAF guidelines.

Expense Estimates (please indicate expected payment type: University Visa, University check, or reimbursement)	Cost Estimate	1. University Check 2. University Visa 3. Reimbursement [Select No.]	DO NOT USE [Office use Only] ALLOCATION
A. Transportation: Air <input type="checkbox"/> Rental Car <input type="checkbox"/> Private Car <input type="checkbox"/>			
1. Personal Vehicle # _____ Miles x \$0.585 per mile			
2. Rental Car/Van			
3. Airfare			
4. Airport Limo			
5. Gasoline/Tolls			
SUBTOTAL			
B. Registration # _____ people x \$ _____ registration per person =			
C. Lodging \$ _____ cost per room x 1 nights x (1) or (2) rooms			
D. Other			
1.			
2.			
<b>TOTAL TRAVEL EXPENSES (for this trip)</b>			

**PLEASE NOTE:**

- If traveling by vehicle, please attach a copy of a valid driver’s license for all drivers.
- If traveling by personal vehicle, please attach a copy of auto insurance card – proof of insurance is required.

**Maximum Cost Sheet Info:** (this information subject to change)

- Air travel approved if location is at least 250 miles from University
- Maximum vehicle rental Rates: Car, \$36.50; 15-passenger van, \$77.00; 7-passenger van, \$57.00
- Organizations must sign up for the extra-cost “collision deductible waiver” option, which is reimbursed with travel expenses. Vehicles should not be rented in an individual’s name, and only those listed on the agreement as an “additional authorized driver can operate the vehicle. Failure to comply fully with the rental guidelines may subject the individual to personal liability for injuries or damages that may occur when such individuals are operating rented motor vehicles while conducting University business.
- Mileage for use of personal vehicles is reimbursed at \$.51 per mile (gas included)
- Maximum Lodging Rates (per day): small city, \$70.00; Large City, \$120.00
- Registration: Only lowest (early bird) rate reimbursed; maximum of 5 registrations funded per trip.
- For more information go to: <http://www.uakron.edu/studentlife/source/accounts.php>
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**Additional Comment or Explanation:**

**Important:** To better facilitate the insurance and risk management policies of the University, it is critical that your organization supply an accurate list of those persons participating in this trip. We understand that you may need to submit this travel authorization request prior to fully knowing who is participating in this travel opportunity. But it is important that a very accurate list of participants and student I.D. numbers be submitted to the ASG Leadership Advisor or at [asg@uakron.edu](mailto:asg@uakron.edu) prior to departure.

The following individuals will be going on this trip:

<u>Name</u>	<u>Student ID</u>
1.	
2.	
3.	
4.	
5.	

If more than five (5) individuals are participating, please attach additional sheets with names and student ID numbers.

Organization President Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Campus Advisor Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVAL SIGNATURE**

<b>ASG OR GSGRC REPRESENTATIVE</b>	Signature	Date
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<b>ASG LEADERSHIP ADVISOR</b>	Signature	Date
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THIS AREA IS FOR DEPARTMENT/STAFF USE ONLY

ASG Received _____	Forward to EBC for Review _____	Copied to Bus. Mgmt. Office _____
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Pre-Travel Mtg. Completed _____	EBC Review Completed _____	Allocation Letter sent to group _____
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Leadership Advisor. Received _____	EBC Forwarded to Leadership Advisor or Secretary _____
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