# Student Organization UAF Application for travel

Complete packet must be submitted four (4) weeks prior to travel to the ASG Office-Student Union, Room 133.

Appointment with ASG Leadership Advisor is required to complete Pre-Travel Checklist four (4) weeks prior to travel.

330-972-7002

If complete packet is not legible, it will be returned without review. Please print, complete and attach all information requested. Incomplete packets will not be accepted.

#### **Department Use Only**

### **Date stamped at submission:**

| <u>(Dates)</u> | (Name) |   |
|----------------|--------|---|
|                |        | Pre-Travel Appointment Completed with ASG Leadership Advisor - 28 days prior to travel.       |
|                |        | ASG Leadership Advisor forwarded to UAC for review.   |
|                |        | UAC completed review  |
|                |        | UAC Notification Letter sent to Student Org (Advisor & President), SOuRCe and Business Office |
|                |        | Copies of procesed travel packet supplied to Business office.                                 |

### **Student Organization Travel Application** Registered Undergraduate Organization Travel funds requested Registered Graduate Organization Registering for Travel (No funds requested) Name of Organization: Requestor: Advisor: Requestor E-mail: Advisor Phone: **Requestor Phone:** Advisor Signature: Requestor Signature: **Trip Details:** Date(s) of Travel: # of Members Traveling: Location of Travel:

## **Overnight Travel Guidelines:**

Purpose of Travel:

List of participants must be included with Travel Application. No Limit on number of students to receive funding for airfare, registrations, lodging, etc. Funding to be allocated within guidelines of two (2) trips per fiscal year at \$1,000 per trip **OR** \$2,000 per fiscal year for one (1) trip.

(Purpose must reflect organization's mission for funding consideration)

| Airfare:               | Destination must be over 250 miles from Akron, OH.  |  |  |  |  |
|------------------------|---|--|--|--|--|
| Alliale.               | Written airfare estimate must be included with Travel Application.  |  |  |  |  |
|                        | Contact University contracted car rental company for quote.   |  |  |  |  |
| Rental Car:            | Damage waiver Insurance is mandatory. (Include in quote.)   |  |  |  |  |
| Relital Cal.           | Rental car & insurance estimate must be included with Travel Application.                                       |  |  |  |  |
|                        | Copy of valid driver's license and current insurance for all drivers must be included with Travel Application.  |  |  |  |  |
|                        | Gas Card can only be obtained for use with rental car.  |  |  |  |  |
| University Gas Card(s) | Estimate dollar amount needed based upon miles to be driven. One (1) card issued per car.                       |  |  |  |  |
|                        | Provide map (i.e. Yahoo, Mapquest, etc.) and no. of vehicles to be driven with Travel Application .             |  |  |  |  |
|                        | Reimbursement based on miles traveled multiplied by current University mileage rate per car (roundtrip).        |  |  |  |  |
| Mileage Reimbursement: | Copy of valid driver's license and current insurance for all drivers must be included with Travel Application.  |  |  |  |  |
|                        | Provide map (i.e. Yahoo, Mapquest, etc.) and no. of vehicles to be driven with Travel Application .             |  |  |  |  |
| Registration:          | Provide copy of workshop, competition or conference materials with Travel Application for review.               |  |  |  |  |
| negisti ation.         | Funding will be considered for pre-registration only. No late registration fees to be covered.                  |  |  |  |  |
| Lodging                | Maximum allowance = \$130/night/room. (No limit on number of rooms or nights requested.)                        |  |  |  |  |
| Lodging:               | Provide estimate of lodging (including state taxes) with Travel Application.                                    |  |  |  |  |
| Other:                 | Provide written estimates of other expected expenses with Travel Application. (i.e. tolls, parking, limo, etc.) |  |  |  |  |

## **Field Trip Travel Guidelines:**

List of participants must be included with Travel Application. No Limit on number of students to receive funding per field trip guidelines of maximum yearly allowance per organization at \$1,000. Funding can be requested for mileage up to five trips per fiscal year at \$200 per trip. (Two car maximum per trip for refunding allowance.)

|                        | Contact University contracted company for quote.  |  |  |  |  |
|------------------------|---|--|--|--|--|
| Rental Car:            | Damage waiver Insurance is mandatory. (Include in quote.)   |  |  |  |  |
| Rental Cal.            | Rental car & insurance estimate must be included with Travel Application.                                       |  |  |  |  |
|                        | Copy of valid driver's license and current insurance for all drivers must be included with Travel Application.  |  |  |  |  |
|                        | Gas Card can only be obtained for use with rental car.  |  |  |  |  |
| University Gas Card(s) | Estimate dollar amount needed based upon miles to be driven. One (1) card issued per car.                       |  |  |  |  |
|                        | Provide map (i.e. yahoo, mapquest, etc.) and no. of vehicles to be driven with Travel Application .             |  |  |  |  |
|                        | Reimbursement based on miles traveled multiplied by current University mileage rate per car (roundtrip).        |  |  |  |  |
| Mileage Reimbursement: | Copy of valid driver's license and current insurance for all drivers must be included with Travel Application.  |  |  |  |  |
|                        | Include map (i.e. yahoo, mapquest, etc.) and no. of vehicles to be driven with Travel Application .             |  |  |  |  |
| Other:                 | Provide written estimates of other expected expenses with Travel Application. (i.e. tolls, parking, limo, etc.) |  |  |  |  |

# **Student Organization Travel Application**

| Name of Organiz  | ation:   |  |                     |       | _   | Contact Person:               |                        |                        |  |
|--|--|--|---------------------|-------|---|-------------------------------|------------------------|------------------------|--|
| Acct. Information  | n: EAF#:   |  |                     |       |   | EAF Acct. Balance:            |                        |                        |  |
|  | SAF #:   |  |                     |       |   | SAF Acct. Balance:            |                        |                        |  |
| Overn  | ight Travel  | Amount<br>Requested  | Amount<br>Allocated |       |   | Field Trip                    | Amount<br>Requested    | Amount<br>Allocated by |  |
| A:f  |  | (per guidelines)   | by UAC              | 4     | B I . I G                                     |                               | (per guidelines)       | UAC                    |  |
| Airfare<br>Rental Car  |  | +  |                     | -     | Rental Ca                                     |                               | +                      |                        |  |
| University Gas Ca  | rd(s)  | + +  |                     | -     | University Gas Card(s)  Mileage Reimbursement |                               |                        | -                      |  |
|  |  | +  |                     |       | Other: (sp                                    |                               | +                      |                        |  |
| Mileage Reimbursement  |  | 1  |                     | 1     | Other: (sp                                    |                               | +                      |                        |  |
| Registration  Lodging: \$130 x(rms.) x (nights)  |  | 1  |                     | 1     | Other: (sp                                    |                               | +                      |                        |  |
| Other: (specify)   | (mgnt3)  | 1  |                     |       | Other (sp                                     | ceny                          |                        |                        |  |
| Other: (specify)   |  | 1  |                     | 1     | TOTAL   |                               |                        |                        |  |
| Other: (specify)   |  | 1  |                     |       |   |                               | <u> </u>               |                        |  |
|  |  |  |                     |       |   |                               |                        |                        |  |
| TOTAL  |  |  |                     |       |   |                               |                        |                        |  |
|  |  |  |                     |       |   |                               |                        |                        |  |
|  | Overnight T  | ravel:   | \$1,000 per t       | rip.  |   | \$2,000 for (1) trip.         |                        |                        |  |
|  |  | _  |                     |       |   | <del></del>                   |                        |                        |  |
| <u>POLICY:</u>   | Maximum annual allowance per organization is \$2,000 Funding can be requested for up to two (2) trips per fiscal year at \$1,000 per trip OR \$2,000 per fiscal year for one (1) trip.   |  |                     |       |   |                               |                        |                        |  |
|  | Airfare  | (Location over 25  | 0 miles from Uni    | ivers | ity. Provide                                  | quote for review.)            |                        |                        |  |
|  | Rental Car   |  |                     |       |   | University gas card           | l(s)                   |                        |  |
|  |  | (Contact Universi<br>company for esti<br>damage waiver in  | mate. Estimate      |       |   | (Gas card can only b          |                        | with rental car.)      |  |
| Mileage Reimbursement (Personal vehicle. Reimbursement per Univ. current mileage rate. Provide map stating round |  |  |                     |       |   | ap stating roundtri           | o mileage.)            |                        |  |
|  | Registration   |  |                     |       |   |                               |                        |                        |  |
|  |  |  |                     |       |   |                               |                        |                        |  |
|  |  | (Provide docume  | ntation of works    | hop   | , competitio                                  | n or conference costs and m   | naterials for review.) |                        |  |
|  | Lodging  |  |                     |       |   |                               |                        |                        |  |
| (Maximum allowance \$130.00/night. Provide written cost estimate for review.)                                    |  |  |                     |       |   |                               |                        |                        |  |
|  | Other  |  |                     |       |   |                               |                        |                        |  |
|  |  | (Tolls, parking, lir                                       | no, etc. Provide    | writ  | ten cost est                                  | imate(s) for review.)         |                        |                        |  |
|  |  |  |                     |       |   |                               |                        |                        |  |
|  | Field Trip:  | (No overnight)   |                     |       |   | Approval requeste             | d.                     |                        |  |
| POLICY:  | Maximum yearly allo<br>Funding can be reque  |  |                     | per   | fiscal year o                                 | at \$200 per trip. (Two car m | naximum per trip fo    | r refund.)             |  |
|  | Funding can be requested for mileage up to five (5) trips per fiscal year at \$200 per trip. (Two car maximum per trip for refund.)  Mileage Reimbursement  (Personal vehicle. Reimbursement per Univ. current mileage rate. Provide map stating roundtrip mileage.) |  |                     |       |   |                               |                        |                        |  |
|  | Rental Car   |  |                     |       |   | University gas card           | l(s)                   |                        |  |
|  |  | (Contact Universi<br>company for estil<br>damage waiver ii | mate. Estimate      |       |   | (Gas card can only b          |                        | with rental car.)      |  |
|  | Other  | (Tolls, parking, lir                                       | no, etc. Provide    | writ  | ten cost est                                  | imate(s) for review.)         |                        |                        |  |

# **Pre-Travel Checklist**

| Name of Organization:   | Contact Person:  |           |  |  |  |
|---|--|-----------|--|--|--|
| Appointment Date:   | Dates of Travel:   |           |  |  |  |
| ASG Leadership  | Advisor Use Only:  |           |  |  |  |
| Registered Organization   |  |           |  |  |  |
| Appointment scheduled 28 days prior to travel.  |  |           |  |  |  |
| Proper signatures obtained (Student Organization Pre  | Proper signatures obtained (Student Organization President and Advisor). |           |  |  |  |
| SAF account balance available for expenses over EAF 1   | Fravel Allocation.   |           |  |  |  |
| Funds requested for Advisor's travel.   |  |           |  |  |  |
| List of students traveling, including student ID numbers attached to application.  Requirements: 18 years old and current enrolled student at The University of Akron.  |  |           |  |  |  |
| Airfare: Written estimate attached.   |  |           |  |  |  |
| Copy of vaild driver's license and current insurance for  | r all drivers is provided.   |           |  |  |  |
| Copy of map to destination included (i.e. Yahoo, Mapo   | quest, etc.)   |           |  |  |  |
| Rental Car: Rental estimate attached (including insura  | nce and taxes).  |           |  |  |  |
| University Gas Card(s): Amount requested:   | _; No. of cards requested:   |           |  |  |  |
| Use of Personal Car: Information provided regarding L   | Jniversity's current mileage reimbursemer                                | nt rate.  |  |  |  |
| Registration: Copy of workshop, competition or confe  | rence materials attached.  |           |  |  |  |
| Lodging: No. of students traveling:; No. of hotel rooms requested:  Documentation provided. (Maximum request \$130.00/room)  Other: Appropriate documentation provided.   |  |           |  |  |  |
|   |  | (initial) |  |  |  |
| 1 have discussed the policies and procedures related to<br>Leadership Advisor and agree to abide by all of the rul  |  |           |  |  |  |
| I assume responsibility to insure that an Emergency Form and Consent Liability Form is  completed for each individual travelling and that these forms will accompany the travelers to their destination as well as a copy remain with the advisor or designee at The University of Akron. |  |           |  |  |  |
| The organization agrees to finalize any outstanding financial documentation to the SOuRCe within one (1) week post-travel.  |  |           |  |  |  |
| Travel Requestor (signature)  | Date   |           |  |  |  |
| ASG Leadershin Advisor (signature)  | Date   |           |  |  |  |