

Date Received: _____
Time: _____
Received by: _____

House of Representative Travel Funding Request

Organizational Information

Organization: _____ Mailing Address: _____

Representative: _____ Phone # _____ Tax I.D.# _____

Conference Information (\$500.00 maximum request)

Conference Name: _____ Location: _____

Description: _____

Depart: _____ am/pm _____ (time) (date) Return: _____ am/pm _____ (time) (date)

Itemize request:	Description	Total Cost	50%
Travel (.30/mile, car rental, airline tickets)	_____	\$ _____	\$ _____
Food (\$5/breakfast, \$6/lunch, \$9/dinner)	_____	\$ _____	\$ _____
Lodging (\$75/room/night w/ max occupancy)	_____	\$ _____	\$ _____
Registration Fees (fee x number of people)	_____	\$ _____	\$ _____
Total Amount Requested:		\$ _____	\$ _____

YOU MUST SUBMIT A LIST OF EACH MEMBER THAT WILL BE USING THE TRAVEL FUNDS.

We the undersigned certify that we are officers/advisor of the above named recognized student organization and that the event/trip specified will be held in accordance with all regulations governing such events/trips. Further, we assume collective and individual responsibility for the orderly conduct of the event/trip in accordance with the Student and Organizational Handbook policies. If the number of people attending the event/trip is less than what was funded, the remaining money will be returned to the House of Representative.

Representative Name _____ Representative Signature _____

Advisor Name _____ Advisors Signature _____

For Office Use Only

____ Student/Group Travel Form _____ Activity Permit _____ Approved as submitted
____ Student/Group Travel List _____ Supporting Documentation _____ Approved as amended
____ Travel Waivers _____ Not approved

Funds Disbursement (DO NOT COMPLETE UNTIL FUNDS ARE APPROVED)

By signing below you understand and agree to abide by the rules which apply to the use of student travel funds. The funds are to be used only for approved travel expenses as outlined in the itemized breakdown. All funds which are not expended for the purposes listed or are not properly documented with receipts must be returned. All cash advances must be cleared within one week of returning from trip.

Person authorized to spend/draw funds: _____ (print name) Phone # _____

Signature: _____ SS# _____ Date: _____