



## STUDENT ACTIVITIES FORM TRAVEL PROPOSAL & FUNDING REQUEST



Student Center, Room 519 | [activities@tc3.edu](mailto:activities@tc3.edu) | 607-844-8222, ext. 4442

Submit this completed request at least three (3) weeks prior to your travel date to the Student Activities Office in Room 519 in the Student Center. You may be required by Student Activities to submit additional information or meet with the department staff before the travel is approved. **COMPLETED FORMS MUST INCLUDE YOUR ADVISOR'S SIGNATURE.**

### CONTACT INFORMATION *(NOTE: you will be the contact person for this trip for all future communications)*

Today's Date: \_\_\_\_\_

Club/Organization Name: \_\_\_\_\_

Name of student completing this form: \_\_\_\_\_

Your TC3 Email: \_\_\_\_\_@mymail.tc3.edu

Your Cell Phone #: \_\_\_\_\_ Text Friendly?  YES  NO

### TRIP DETAILS

Destination: (city) \_\_\_\_\_ (state) \_\_\_\_\_

Departure Date: \_\_\_\_\_

Return Date: \_\_\_\_\_

Departure Time: \_\_\_\_\_

Return Time: \_\_\_\_\_

Purpose of Travel:

Conference/Workshop/Training Program

Educational Experience

Civic Engagement Experience

Other

Brief description of the trip purpose, educational components, and how it is connected to the mission of the club. Please note that the Finance Committee will use this information when considering your request:

**Please also attach pertinent information like trip itinerary, conference schedule, hotel accommodations, admission tickets to this form for Finance Committee consideration.**

### CHAPERONE DETAILS/ADVISOR APPROVAL

Will your club advisor be the trip chaperone?  yes  no Advisor Name: \_\_\_\_\_

If no, please list the name of the TC3/FSA staff member that will serve as chaperone: \_\_\_\_\_

**By signing this form, I agree that I have reviewed this request for travel and it meets with my approval.**

Advisor Signature: \_\_\_\_\_ date: \_\_\_\_\_

### REQUEST FOR SGA FUNDING

#### REGISTRATION/ADMISSION FEES (Attach back-up documentation that supports quoted fees)

Fee Amount: _____ Number of Participants: x _____ = _____	<b>TOTAL REQUESTED:</b> _____	<b>TOTAL APPROVED:</b> _____ <i>Note: Maximum \$1000.00</i>
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#### ACCOMODATION DETAILS (Attach back-up documentation for quoted room rates)

Hotel Name: _____ Hotel Address: _____ Hotel Phone: _____ Total number of rooms be reserved? _____ <i>(Please remember that staff advisors are not to be housed with students and must have their own room. Advisors expenses are covered by the Student Activities Office and should not factored into your funding needs)</i> Cost per room: _____ Number of <b>Student</b> rooms: X _____ Number of nights: X _____ Additional Fees (cots, etc.) + _____ = _____	<b>TOTAL REQUESTED:</b> _____	<b>TOTAL APPROVED:</b> _____ <i>Note: Maximum \$2000.00</i>
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#### TRANSPORTATION (Attach back-up documentation for quoted rates)

<b>Total round trip mileage:</b> _____ <input type="checkbox"/> TC3 Van (\$1.50 per mile ) <input type="checkbox"/> Personal Vehicles (\$.56 per mile) <input type="checkbox"/> Airplane, Bus, Train, or Charter Per person cost for ticket: _____ OR total charter cost: _____	<b>TOTAL REQUESTED:</b> _____	<b>TOTAL APPROVED:</b> _____ <i>Note: Maximum \$2000.00</i>
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**Please also attach pertinent information like trip itinerary, conference schedule, hotel accommodations, admission tickets to this form for Finance Committee consideration.**

## OTHER EXPENSES (THESE CAN BE COVERED FROM CLUB REVENUE ONLY)

### MEALS

Meals will only be reimbursed upon return and with submission of the appropriate receipts.

Each person will be reimbursed as follows:  
 EITHER           \$32 per full day of travel OR  
                       \$6 per breakfast  
                       \$10 per lunch  
                       \$16 per dinner

PLEASE NOTE: Alcoholic beverages and tax cannot be reimbursed.

**TOTAL FROM CLUB ACCOUNT:**

**SGA Funding Not Available For This Purchase**

### OTHER TRAVEL RELATED EXPENSES (Parking, Tolls, etc.)

Other expenses will only be reimbursed upon return and with submission of the appropriate receipts.

Please describe the other expenses:

**TOTAL FROM CLUB ACCOUNT:**

**SGA Funding Not Available For This Purchase**

**GRAND TOTAL REQUESTED:**

**SGA TOTAL APPROVED:**

**REMAINING BALANCE:**

Signature of student completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

Finance Committee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Activities Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please also attach pertinent information like trip itinerary, conference schedule, hotel accommodations, admission tickets to this form for Finance Committee consideration.**