STUDENT REQUEST FOR TRAVEL FUNDS

Complete one form for each student traveling to the same conference.

Student’s Name: ____________________________________________________________

Sponsoring Organization: ____________________________________________________

Name of Conference & Dates: _________________________________________________

City & State Destination: ______________________________________________________

Inclusive Dates of Travel: _____________________________________________________

Estimated Expenses (attach info supporting amounts):

<table>
<thead>
<tr>
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<th>$</th>
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<tbody>
<tr>
<td>Registration Fees</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
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<tr>
<td>Lodging</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
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<tr>
<td>TOTAL</td>
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Amount Funded From Other Sources $__________
Amount Requested $__________

On a separate sheet, provide responses for the following:

1. How is the conference related to the sponsoring organization?
2. What do you hope to learn from the conference and how do you plan to share this information with others upon return to Hastings?
3. Describe how you were selected to participate and represent your organization at this conference.
4. Will you be doing anything other than attending the conference (and related events/activities) while traveling? For example, visiting friends/family, interviewing with a non-conference employer, etc.

I confirm that I am in good academic standing, and I understand that missing classes for conference related travel are considered unexcused absences. I have reviewed, completed, signed and attached the release and waiver form. I understand funding is limited and not guaranteed. I understand that each student organization may be limited to funding for no more than one conference per academic year. I understand that in order to be reimbursed I must submit original receipts within 30 days of the date of travel.

______________________________   ________________________________
Signature of Traveler          Signature/Approval of President of Organization*

______________________________
Date of Request

______________________________
Print Name of President of Organization

Approved   Disapproved

______________________________   ________________________________
Director of Student Services          Date

*If the organization’s president is requesting funds, approval by the organization’s treasurer required.