

EMU COB Student Organization Travel Funds Request Form

Official EMU COB student organizations may request funding for travel by completing this form. Requests up to \$2500. Fill out Sections 1 & 2 then in Section 3 **Only** fill out section(s) that you are requesting funding for that can be purchased in advance on Krista's P-Card.

This form must be submitted to Krista Niethammer (kmort@emich.edu) Dean's Office at least 30 days before the travel date. If requesting international travel funds, an international travel request form must be filled out and approved 60 days before the event. Contact the Dean's Office for further details.

Attach supporting documentation about the competition/conference, registration fees, travel expenses, etc.

If approved, **a travel report is due within the two weeks of your return date**, indicating total trip expenses and the results of the competition/conference/event.

Please provide pictures (if available) from the event with captions identifying participants. These will be shared with the donors who made this fund possible.

Section One: Fill out General Information

Organization Name:

Name of Student Contact:

Position / Title:

Email Address:

Phone Number:

Section Two: Fill out Conference/Competition and Participant Information

Conference / Competition Name:

Dates of Conference:

Has your organization attended this conference before?

Number of students traveling:

Names of students and EID numbers:

Name of Faculty/Staff/Outside parties (if any) traveling with students:

Section Three: Fill out only what you are requesting funding for:

A. LODGING

Name of Hotel:

Number of Rooms:

Number of Nights:

Cost per room per night:

Hotel Tax (est):

Total Lodging:

B. TRANSPORTATION:

Departure Date and Time:

Return Date and Time:

Number of tickets (if applicable):

Cost per ticket (if applicable):

Private vehicle (mileage):

Total Transportation:

C. REGISTRATION FEE

Website of Organization:

Does registration include meals and/or transportation?

Number of students to register:

Registration cost per student:

Total Registration Cost:

Section Four: Total Funding Requested

Lodging:

Transportation:

Registration:

Total requested from this fund:

Signature of President: _____

Typed Name of President: _____

Date: _____

Signature of Advisor: _____

Typed Name of Advisor:

Date: _____