

# ACADEMIC TRAVEL FUNDING APPLICATION

GEORGIA COLLEGE & STATE UNIVERSITY STUDENT GOVERNMENT ASSOCIATION  
OFFICE OF THE TREASURER | SGA.TREASURER@GCSU.EDU

This form must be completed in full and submitted to the SGA Treasurer a minimum of 72 business hours prior to departure for any travel to be funded. Please attach additional paperwork, supporting documents or invitations as needed to supplement your application. The committee Chairman will schedule a hearing upon the receipt of your application. Once the hearing is scheduled and held, you will be informed on how much the committee wishes to allocate for reimbursement.

*Please Print or Type, All Information is Required.*

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - -

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Major: \_\_\_\_\_

\_\_\_\_\_ Dates of Travel: \_\_\_\_\_

Name of Conference/Travel: \_\_\_\_\_

Destination: \_\_\_\_\_ Travel Type:  Presentation  
 Non-Presentation

Name of Presentation (If Applicable): \_\_\_\_\_

## I. Transportation Costs

- a. Airfare \$ \_\_\_\_\_
- b. Gasoline Expenditures \$ \_\_\_\_\_
- c. Ground Transportation \$ \_\_\_\_\_
- d. Parking \$ \_\_\_\_\_

## II. Lodging

- a.  $\frac{[\text{Per diem cost}] \times [\text{Number of nights}]}{[\text{Number of guests in room}]}$  \$ \_\_\_\_\_

III. Conference Fees: \$ \_\_\_\_\_

IV. Total Travel Budget (Add I, II and III) \$ \_\_\_\_\_

V. Total Requested from SGA \$ \_\_\_\_\_

- Other Funding Sources:
- Personal
    - In the amount of \$ \_\_\_\_\_
    - As necessary
  - Departmental in the amount of \$ \_\_\_\_\_
  - Fundraising in the amount of \$ \_\_\_\_\_

*Office Use Only*

Date Received: \_\_\_\_\_ Hearing Date: \_\_\_\_\_ Amount Approved: \_\_\_\_\_

Committee/Executive Action on: \_\_\_\_\_  Approved  Denied

Applicant Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Hearing Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Receipts Due: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Total Requested: \_\_\_\_\_  
Total Approved: \_\_\_\_\_

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## Faculty Sponsorship

I am co-author with or a mentor of the student listed on the previous page and agree to be the faculty sponsor of this presentation. I am therefore familiar with this presentation and believe that it is of sufficiently high quality to be presented at a scholarly conference as an example of the scholarship at Georgia College & State University. I have read the attached proposal and consider it reasonable and accurate. If at all possible, I will attend the Student Government Association Academic Travel Fund Committee hearing at which time funding proposal will be debated in order to answer questions needed to clarify the funding request. I will provide the oversight and direction necessary to encourage students to obtain the receipts required for submission in order to receive faculty-funding payment. I understand that the Student Government Association funds will not reimburse faculty for any pre-payment of fees or expenses for students. Any such arrangements between the student(s) and faculty sponsor are not provided for in the reimbursable policy set forth in the Student Government Association bylaws. The Student Government Association Academic Travel Fund Committee will copy to me any email messages sent to the student(s) regarding the funding hearing, necessary documents and other communications critical to the funding of the reimbursement process.

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_ Signature: \_\_\_\_\_

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

## Dean Sponsorship

As dean of said department that sponsors such students attending said conference, attest I have knowledge of this student attending said conference.

- College of Arts & Sciences
- College of Business
- College of Education
- College of Health Sciences

Signature: \_\_\_\_\_

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

My signature below indicates that I have completed all the required documents to support my application and that all the information is true and accurate. If funded, I will follow all requirements as outlined in the Academic Travel Fund Governing Policy now in effect. I understand that I am expected to attend the Student Government Association Academic Travel Fund Committee hearing at which this funding will be debated. If I have an unavoidable scheduling conflict, I will notify the Treasurer of the Student Government Association a minimum of 24 hours prior to my hearing. I will explain my absence to the Treasurer. I further understand that an absence will put my funding in jeopardy. I also understand that, at that point, whether or not I will be funded will be completely left to the discretion of the Treasurer. I understand that funding is through reimbursement of paid original receipts submitted in accordance with official policy and that my failure to obtain receipts and/or to submit them promptly may result in my not being reimbursed. Furthermore, I understand that all receipts I want considered for reimbursement are due no later than fifteen-calendar days after travel. In return for the funding support received, I agree to abide by all policies governing requirements after the conference.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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## STUDENT ORGANIZATION TRAVEL REQUEST

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

To: Student Government Treasurer, Student Activities Center Room 105

Is requested by: \_\_\_\_\_ License #: \_\_\_\_\_

Student Activities Budget Committee  
funded Registered Student Organization: \_\_\_\_\_

For travel to be charged to:

Account Name \_\_\_\_\_ Amount Per Person \$ \_\_\_\_\_

Account Name \_\_\_\_\_ Amount Per Person \$ \_\_\_\_\_

Account Name \_\_\_\_\_ Amount Per Person \$ \_\_\_\_\_

Account Name \_\_\_\_\_ Amount Per Person \$ \_\_\_\_\_

**PURPOSE OF TRIP:** \_\_\_\_\_

**DESTINATION:** \_\_\_\_\_

**DATES INVOLVED:** FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**APPROVAL BY:**  
\_\_\_\_\_  
SGA Treasurer

\_\_\_\_\_  
Registered Student Organization Advisor

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OFFICIAL USE ONLY:

**BUDGET FUNDS APPROVAL BY:**  
\_\_\_\_\_  
Campus Life Business Manager