

## URCA ASSISTANT TRAVEL FUNDS APPLICATION

Complete this application with your mentor. Attach (1) a copy of the paper that you will be delivering, and/or (2) a catalog or program providing details about your work that will be exhibited or performed, and (3) copies of relevant correspondence documenting the competitive nature of the process by which it was selected by your professional group. Turn in the completed application with attachments to the Office of Academic Innovation and Effectiveness (RH 3115) as soon as you have confirmation of your acceptance. Applications must be received at least two weeks before the first day of travel.

*Note: Assistant travel funds are limited and dispersed on a first-come, first-serve basis each year. Students can only receive funds for a single trip, and the maximum any student may receive is \$200. Students are eligible to apply for travel funding for projects completed while they were URCA Assistants as long as they are still full-time, undergraduate SIUE students. Students will not be eligible for Senior Assignment travel funding for the same project.*

**NAME:** \_\_\_\_\_ **STUDENT ID#:** \_\_\_\_\_ **STUDENT E-MAIL:** \_\_\_\_\_

**MENTOR NAME:** \_\_\_\_\_ **MENTOR E-MAIL:** \_\_\_\_\_

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*I am requesting funds to support my travel to: (check one)*

- present URCA Assistant project results at a professional conference.
- attend a juried exhibition or presentation of my creative work.
- compete with my URCA Assistant project in a national competition.

*The details of my proposed travel are as follows:*

**NAME OF PROFESSIONAL GROUP:** \_\_\_\_\_

**LOCATION OF MEETING, EXHIBITION, PERFORMANCE, OR COMPETITION:**

\_\_\_\_\_

**DATES OF TRAVEL:** \_\_\_\_\_ **MODE OF TRAVEL:** \_\_\_\_\_

**ANTICIPATED EXPENSES (Fill out attached worksheet and transfer information to lines below.):**

Transportation \$ \_\_\_\_\_ Lodging: \$ \_\_\_\_\_ Meals: \$ \_\_\_\_\_

Other (specify): \$ \_\_\_\_\_

**EXPENSE TOTAL (Transportation + Lodging + Meals + Other):** \$ \_\_\_\_\_

**TOTAL REQUESTED:** \$ \_\_\_\_\_

**BUDGET PURPOSE NUMBER** (This number is needed for transfer of funds to your department.

Please contact your department secretary or the individual in charge of the department budget to obtain this number.): \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MENTOR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Completed by Office of Academic Innovation and Effectiveness*

**APPROVED:** \_\_\_\_\_ **FUNDS COMMITTED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**EXPENSE CALCULATION WORKSHEET:**

**1. TRANSPORTATION**

1a. If not traveling by car, indicate mode of transportation and expected cost. Airplane and train tickets should be those that are the most economical. \$ \_\_\_\_\_

1b. If traveling by car, indicate the total number of miles you will be driving and then multiply that number by \$0.505. This is the amount you will be given for driving transportation costs.

*Number of miles roundtrip:* \_\_\_\_\_ *Number of miles x \$0.505=* \_\_\_\_\_

**2. LODGING:** Please include the hotel name and the price of the room per night. Please include tax in this amount.

*Hotel Name:* \_\_\_\_\_ \$ \_\_\_\_\_/night (tax included)

**3. MEALS:** Meals are paid for according to the length of the trip. Use the amounts listed below to enter your total meal amount. Please indicate how you calculate your total: \$ \_\_\_\_\_

**•One day trips:**

Breakfast (must leave before 6:00 AM): In-state-- \$5.50, Out-of-state-- \$6.50

Dinner (must return after 7:00 PM): In-state-- \$17.00, Out-of-state-- \$19.00

**•Overnight trips (at least 18 hours of travel or overnight trips):**

<i>In-State Amounts</i>	<i>Out-of-State Amounts</i>
12:00am-5:59am: \$7.00	12:00am-5:59am: \$8.00
6:00am-11:59am: \$7.00	6:00am-11:59am: \$8.00
12:00pm-5:59pm: \$7.00	12:00pm-5:59pm: \$8.00
6:00pm-11:59pm: \$7.00	6:00pm-11:59pm: \$8.00
Total: \$28.00	Total: \$32.00

**4. OTHER** (specify- ex: parking, shuttle fees, registration fees, etc.):

\$ \_\_\_\_\_