

URCA ASSOCIATE 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).

NAME: _____ **STUDENT ID#:** _____

MENTOR NAME: _____

URCA ASSOCIATE PROJECT TITLE: _____

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

- present URCA Associate project results at a professional conference.
- attend a juried exhibition or presentation of my creative work.
- compete with my URCA Associate 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.):

\$ _____