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) as soon as you have confirmation of your acceptance. Applications must be received at least two weeks before the first day of travel.

This form needs to be submitted no later than two weeks prior to the first day of your proposed travel for consideration.

NAME:____________________  STUDENT ID#:__________  STUDENT E-MAIL:__________
MENTOR NAME:_________________  MENTOR E-MAIL:________________
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: __________
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 $0.565. This is the amount you will be given for driving transportation costs.

   Number of miles roundtrip: ______________  Number of miles x $0.565 = $ __________

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 reimbursed at a rate of $5.50 for breakfasts, $6.00 for lunches, and $6.00 for dinners. Meals provided by conference and other means should not be included for reimbursement.

   Number of lunches/dinners needing reimbursed x $6.00 = ______________
   Number of breakfasts needing reimbursed x $5.50 = ______________
   Sum of meals = $ __________

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

   $________________________________________________________________________

*NOTES:*
- Receipts are required for reimbursement; this means that receipts from the trip’s above costs must be turned in to the department in order for the student to receive reimbursement.
- Students are required to share rides and hotels when possible in order to maximize travel funds.
- Please see Travel Voucher Guidelines (http://www.siue.edu/AP/travel_guidelines_07_08.htm) to ensure maximization of travel funds.

OUTCOMES:

Please provide the official citation of the work you will be presenting in the following format: