



STUDENT ACTIVITIES FORM TRAVEL FUNDING REQUEST

Student Center, Room 519 | activities@tc3.edu | 607-844-8222, ext. 4442

*ONLY COMPLETE THIS FORM IF YOU ARE REQUESTING FUNDING FOR YOUR TRIP
The Student Club Treasurer, or Treasurer's Student Designee, should fill out this form.*

This form must be submitted with the TRAVEL PROPOSAL FORM at least three (3) weeks prior to the travel date.

CONTACT INFORMATION *(NOTE: you will be the contact person for this trip for all future communications)*

Today's Date: _____

Club/Organization Name: _____

Name of student completing this form: _____

Your TC3 Email: _____@mymail.tc3.edu

Your Phone #: _____

REQUEST FOR SAB FUNDING

REGISTRATION/ADMISSION FEES *(Attach back-up documentation that supports quoted fees)*

Fee Amount: _____
 Number of Participants: x _____ =

TOTAL REQUESTED:

TOTAL APPROVED:

Note: Maximum \$1000.00

ACCOMODATION DETAILS *(Attach back-up documentation for quoted room rates)*

Hotel Name: _____

Hotel Address: _____

Hotel Phone: _____

How many rooms will be reserved? _____
(Please remember that staff advisors are not to be housed with students and must have their own room.)

Cost per room: _____
 Number of rooms: x _____
 Number of nights: x _____
 Additional Fees (cots, etc.) + _____ =

TOTAL REQUESTED:

TOTAL APPROVED:

Note: Maximum \$2000.00

TRANSPORTATION *(Attach back-up documentation for quoted rates)*

Total round trip mileage: _____

- TC3 Van (\$1 per mile)
- Personal Vehicles (\$.51 per mile)
- Airplane, Bus, Train, or Charter

Per person cost for ticket: _____

OR total charter cost: _____

TOTAL REQUESTED:

TOTAL APPROVED:

Note: Maximum \$2000.00

ADVISOR EXPENSES (ONE ADVISOR IS COVERED 100% BY SAB)**REGISTRATION/ADMISSION FEES (Attach back-up documentation that supports quoted fees)**

Fee Amount: _____ =	TOTAL REQUESTED: _____	TOTAL APPROVED: _____
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ACCOMODATION DETAILS (Attach back-up documentation for quoted room rates)

Cost per room: _____ Number of nights: X _____ =	TOTAL REQUESTED: _____	TOTAL APPROVED: _____
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TRANSPORTATION DETAILS (Attach back-up documentation for quoted rates)

Fee for travel: _____ = (only complete this section if there is an individual cost for each person. i.e., airfare, bus ticket, etc.)	TOTAL REQUESTED: _____	TOTAL APPROVED: _____
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OTHER EXPENSES (THESE CAN BE COVERED FROM CLUB REVENUE ONLY)**MEALS**

Meals will only be reimbursed upon return and with submission of the appropriate receipts. Each person will be reimbursed as follows: EITHER \$32 per full day of travel OR \$6 per breakfast \$10 per lunch \$16 per dinner PLEASE NOTE: Alcoholic beverages and tax cannot be reimbursed.	TOTAL REQUESTED:	TOTAL APPROVED:
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OTHER TRAVEL RELATED EXPENSES (Parking, Tolls, etc.)

Other expenses will only be reimbursed upon return and with submission of the appropriate receipts. Please describe the other expenses:	TOTAL REQUESTED:	TOTAL APPROVED:
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	GRAND TOTAL REQUESTED:	GRAND TOTAL APPROVED:
		TOTAL CLUB CONTRIBUTION:

Signature of student completing this form: _____ Date: _____

Student Activities Staff Signature: _____ Date: _____