

**GOVERNORS STATE UNIVERSITY
STUDENT LIFE**

Student Travel and Conference Fund



Guidelines for Travel

GOVERNORS STATE UNIVERSITY STUDENT LIFE UNIT

Student Travel and Conference Fund Guidelines

The Student Life Unit has established a student travel/conference fund through Student Activity Fees. This fund provides travel assistance to Governors State University students presenting at a conference or representing GSU in other capacities.

Eligible travel requests must be intended to support the development of the leadership potential of the student recipient. **The student applicant may not receive academic credit for the conference.** The Assistant Dean of Students will administer this fund and approve requests. All student travel must have prior approval. Please note that travel funds are not guaranteed, and Student Life will not reimburse for unauthorized travel. Students are responsible for making all accommodations associated with approved travel. Travel funds are dispersed as reimbursement only.

*Requests are received on a first come, first served basis. A maximum of **four** students may be funded for any one conference. *If you are a student who is also a GSU employee, you are not eligible for student travel funds.*

Special Note: Reimbursements will not be considered for any student travel without prior approval.

1. Travel funds are dispersed through reimbursement only. Student Life does not pay travel funds in advance.
2. The student must be enrolled and in good standing during the trimester the conference is scheduled.
3. All funding requests must be in writing and include a budget, completed registration form, letter of recommendation, copy of conference presentation acceptance and documentation from the conference the student wishes to attend (i.e. a list of workshops at the conference, speakers, invitation, etc.). *E-mailed travel applications will not be accepted nor processed.*
4. Requests for assistance for conferences will include up to \$500 in reimbursement for conference registration, hotel and transportation (airfare, train, or rental car) costs. Students are responsible for making their own accommodations once travel request has been approved. **Student Life will not pay for reimbursement of hotel accommodations or food if the conference or meeting is within the Chicago area.*
5. Requests must be submitted **eight weeks** prior to conference date. Requests received less than eight weeks prior to the conference date will not be accepted nor processed.
6. Students receiving travel reimbursement funds are **required** to present a poster at the annual research conference held at GSU.
7. The maximum travel amount for any request under the student travel guidelines is no more than \$500.
8. Original receipts must be submitted within two weeks of the conclusion of travel, including a copy of the hotel receipt received upon checkout. Reimbursement received after the two week deadline

will not be processed. Student Life does not reimburse for items they deemed unnecessary for travel (i.e. in room movies, room service, mini bar charges, etc.).

9. **Travel reimbursement from unauthorized trips will not be processed from Student Life nor club and organization funds.**
10. The travel fund is limited and approval is not guaranteed. **Students will be expected to travel at the least expensive rate** and accept lodging on a double, same gender basis.
11. The maximum travel amount for any request under the student travel guidelines is no more than \$500. This does include requests for non-overnight conference assistance in the local area.
12. The student's request must be supported by the following:
 - a. A recommendation from a faculty member or a written recommendation from a university director, dean, vice president or the president.
 - b. Copy of conference presentation acceptance letter.
13. Students are required to show proof of health insurance when traveling.
14. Travel vouchers must be completed and submitted to Student Life within two weeks of return. Students must submit all original receipts. Failure to do so within the two week timeline will result in non-reimbursement.
15. Students will be allowed funding for one conference per academic year from any Student Activity Fee fund.

Please circle all that are applicable:

- | | |
|---|--|
| I am presenting at the conference/workshop. | I am co-presenting with a faculty member. |
| I am not presenting. | I am a student worker. |
| I am not seeking funding- travel purposes only. | I am a graduate assistant or GSU staff member. |

I have read, understand and agree to abide by all requirements and regulations in the Student Travel and Conference Fund Guidelines.

Signature

Date



Before you turn in your application be sure you have completed and attached...

- _____ Budget Worksheet
- _____ Conference Registration Form
- _____ Documentation for Conference (invitation to present, conference at a glance, presenters, etc.)
- _____ Written recommendation (i.e. from the executive committee of a chartered student organization, faculty members, university director, dean, vice president, or president)
- _____ Copy of Presentation Acceptance
- _____ Waiver and Release Form
- _____ Health Coverage Waiver and Release Form (if applicable)
- _____ Copy of Insurance Card (if applicable)
- _____ Proof of any prepayments made by student (Remember: prepayments are not reimbursed)
- _____ Signed GSU Research Symposium agreement

GOVERNORS STATE UNIVERSITY STUDENT LIFE UNIT

Budget Worksheet

Request Date: _____

Student

Student Worker (G.A., work study, etc.)

GSU Staff

Student ID Number: _____

Name of Traveler: (Print Name as it appears on Driver's License) _____

Title: _____ E-Mail: _____

Date of Birth: _____ Phone Number: _____

Destination: _____

Purpose of Trip: _____

Departure Date: _____ Return Date: _____

Estimated Expenditures:

Transportation: \$ _____ Check one: ___ Air ___ Train ___ Bus ___ Auto

Lodging: \$ _____

Meals (per diem) \$ _____

Registration: \$ _____

Ground Transportation: \$ _____

Total: \$ _____

Traveler's Signature: _____ Date: _____

-----**FOR OFFICE USE ONLY**-----

Budgetary Unit to be Charged: _____

Unit Account Number: ____/____/____/____/____/____/____/____/

Approved Budgetary Unit Head: _____

Date: _____

GOVERNORS STATE UNIVERSITY STUDENT LIFE UNIT

Waiver and Release

Name: _____

GSU Student ID Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

The undersigned, in consideration of participation by¹ _____ in the

² _____ offered by Governors State University on

³ _____ does hereby irrevocably, personally, and for his or her heirs, assigns, and legal representatives, release and waive any and all claims, demands and causes of action which the undersigned may now or in the future have against the Board of Trustees, Governors State University, and members, representatives, officers, agents, and employees of each of them for any and all personal injuries or property damage, however caused, resulting from, arising out of, or in any way connected with the aforesaid⁴

_____. The undersigned covenants not to cause any action at law or in equity to be brought, or permit such to be brought on his or her behalf, either directly, or indirectly, on account of the occurrence of any of the aforesaid parties and affirms that he or she is of legal age, competent to sign this waiver and release, and has read understands, and agrees to abide by all of the provision herein contained.

Date: _____, 20_____

Signed

Witnessed

¹ Insert your name.

² Insert the name of the conference.

³ Insert the date(s) of the conference.

⁴ Insert the name of the conference.

GOVERNORS STATE UNIVERSITY STUDENT LIFE UNIT

Health Coverage Waiver and Release

If you do not have health insurance, please complete this statement. If you do have health insurance, please include a photocopy of your insurance card when submitting this application packet.

I, _____ release Governors State

University of all liability and health costs incurred during: _____
(name of conference).

ALL APPLICANTS MUST PROVIDE EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Name of Conference: _____

Date(s) of Conference: _____

Location: _____

Traveler's Signature: _____ Date: _____

GOVERNORS STATE UNIVERSITY STUDENT LIFE UNIT

Research Symposium Agreement

I, _____ understand that I am required to present at the GSU Research Day Symposium to receive Student Travel funding. My signature denotes that I am agreeing to receive Student Travel Funds and further agree to participate as a presenter in the Research Symposium. I understand that failure to present at the Research Symposium renders me ineligible for future travel funds.

Signature

Date