Student Travel Funding Assessment Form

Please complete this form and return to the Student Government Association office (Walb 225), no later than ten (10) business days after the date of return from the trip or within ten (10) business days of receipt of the funding check if not received before the trip. Please only include expenses that were purchased using the Student Travel Fund. Do not include any expenses that were purchased using external funding sources. Print legibly.

Funding Request Number:			
Name of Individual, Acader	nic Group, or Student Org	anization:	
Recipient of Funds (circle one): STUDENT ORGANIZATION INDIVIDUAL ACADEMIC			ACADEMIC GROUP
Preparer Name:	Preparer PFW	′ Email:	
Title of Event/Conference/	Workshop:		
Destination of Trip (City, St	ate, Country):		
Departure Date:			
First and Last Names of Eve			
(use back of form if needed			
(use buck of form if fleeded			
Budget Line Item	Amount Requested	Amount Received	Amount Spent
Airfare			
Ground Transportation			
Lodging			
Conference/Registration Fees			
Travel Insurance			
Total:			
Did you find the Student Trav	el Funding Process easy to ι	ınderstand? Yes _	No Did
you find the Student Travel Fu	unding Process to be efficier	Yes	No Did
you find the Student Travel Funding Process to be fair? Yes No Given		No Given	
the opportunity, would you re	equest Student Travel Fundir	ng again? Yes No	
Final Checklist			
Please initial each task as you	complete it. Once all tasks h	ave been completed, sign an	d date this form and turn it
in to the Student Governmen	t Association Office, Walb 22	25.	
Student Travel Funding	Assessment Form to be turn	ed in to the Student Governm	nent Association Office,
Walb 225			Continue to page 2

Submit ALL Receipts to the Student Government As	ssociation Office, Walb 225, no later than ten (10)
business days after the date of return from the trip.	
Complete Reimbursement steps as commu	nicated by the Student Travel Fund Coordinator
Submit a one-page graphic representation of expequotes, details of what was learned, picture, etc.) to the Stollowing return date.	erience (i.e. event information from request, attendee Student Travel Fund Coordinator no later than two weeks
Please sign below to acknowledge that the abov prepared using receipts provided to the Student	-
Preparer Signature	Date