Student Organization
Express Travel Application
2012-2013

Organization Checklist:

☐ Turn in your application at least 10 business days (2 weeks) prior to the anticipated (express) travel
  - Why...the SOurCe and USG/GSG need time to check Good Standing and process your request for funding.
  - In addition, we want to work with your organization to ensure you are able to travel as quickly as possible. Express Travel may be considered if one or more is true-your organization was asked to participate or attend (on short notice) a (1) tournament, (2) competition, or (3) demonstration.

☐ Have your Campus Advisor review and sign the application

☐ Are you traveling by bus? The SOurCe can help you...Complete the “Bus Request Form” on OrgSync!
  - Note: this process can take up to a week, please give our office enough time to process the request.

☐ Attach supporting documentation to justify the anticipated expenditures and needed information
  (includes, but is not limited to, copy of insurance, copy of driver's license, release of liability, emergency contact forms, proof of mileage, documentation of registration, documentation of lodging costs)

General Travel Policies:

- All student organizations wishing to travel must be fully registered for the 2012-2013 academic year before applications will be accepted with the SOurCe. If an organization has not completed the registration process, their application will not be considered.
- In order to travel, all students must be in “Good Standing” (defined on pg. 5).
- Express Travel is defined as a trip that is unable to be planned due to the nature of the experience for our students (i.e. a tournament, competition, demonstration, etc.). Completed applications for Express Travel must be submitted to the SOurCe at least 10 business days (2 weeks) prior to travel. Due to the nature of your request, our office will work with your organization leadership to process the application in a timely manner. If the packet is incomplete or is not legible, it will be returned to the organization’s representative without review.
- Student organizations requesting funds for overnight and day trips may request up to $5,000 (undergraduate) or $2,000 (graduate) per fiscal year. Note: this potential allocation is inclusive of both “regular” Travel and Express Travel.
- If the organization is approved for travel, all expenses made by the organization must have a corresponding Student Organization Request Form (SORF) for each vendor. This SORF must be given to the SOurCe prior to the trip. The primary form of payment for any student organization is through the utilization of the VISA Card Program. Should you choose to spend your own money, please be advised that reimbursements are not guaranteed.
- Regardless of whether or not your organization is requesting funds, all groups must fill out the Travel Application to register their group travel away from campus.

For questions regarding this application, please contact the SOurCe at 330-972-2483 or source@uakron.edu
Student Organization Travel Information

Student Organization Name: ______________________________________________
(Please use your organization’s FULL name)

Advisor Name: ___________________ Requester Name: ___________________
Advisor Phone: ___________________ Position in Org.: ___________________
Advisor E-Mail: ___________________ Requester Phone: ___________________
Requester E-Mail: ___________________

Organization Designation:
☐ Undergraduate  ☐ Graduate  ☐ Blended

Trip Details:

Travel Destination: __________________________________________
Roundtrip Destination Distance from Campus: ____________ miles
(Please note: Any trip destination that is further than 125 miles away from campus
(1-way), requires you to get a rental car per University guidelines)

Travel Date(s): ____________________________________________
Number of Students: _______________________________________

Type of travel: ☐ Overnight Travel  ☐ Day Trip

Are you: ☐ Requesting Funding  OR  ☐ Registering for Travel
(not requesting UAF funds)

Is a UA department providing funding for this trip? ☐ Yes ☐ No
If yes, please include the department name and primary contact person’s name and campus extension
_____________________________________________________________________________________

Reason for Express Travel Request

☐ Competition  ☐ Tournament  ☐ Demonstration  ☐ Other: _________________

Purpose of Trip (Note: please include why request and trip should be considered as “express travel”):
_____________________________________________________________________________________
_____________________________________________________________________________________

I understand that by submitting this application, our organization will agree to accept the allocation decision provided by USG/GSG.

Advisor Printed Name ___________________ Date ___________ Requester Printed Name ___________________ Date ___________

Advisor Signature ___________________ Date ___________ Requester Signature ___________________ Date ___________
**Student Organization Travel Planning Worksheet**

This document is used to help your organization plan for your travel. In the boxes listed below please mark each expense you anticipate from this trip. Please use the proper column to indicate whether you are requesting funding or plan to use your SAF account.

- **Must provide supporting documentation** such as, printed website quotes, conference information, hotel rates, map to destination, etc. in order to be considered for funding.
- All **individuals driving** must attach a current copy of their Driver's License and Car Insurance
- If there are any special circumstances or considerations included in the expenses below, please attach proper justification sheet (pg. 4) that can be used during the allocation process.

1. Must provide supporting documentation such as, printed website quotes, conference information, hotel rates, map to destination, etc. in order to be considered for funding.
2. All individuals driving must attach a current copy of their Driver's License and Car Insurance
3. If there are any special circumstances or considerations included in the expenses below, please attach proper justification sheet (pg. 4) that can be used during the allocation process.

<table>
<thead>
<tr>
<th>Travel Expenses (check all that apply to your travel)</th>
<th>Total Cost &amp; Calculations</th>
<th>Requesting Funding?</th>
<th>Using SAF Money?</th>
<th>Office Use Only Amount Allocated</th>
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<tr>
<td><strong>EXAMPLE:</strong> Lodging</td>
<td>$600 ($75/student)</td>
<td>X</td>
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<tr>
<td>□ Airfare (Only locations over 250 miles from University of Akron will be considered for funding)</td>
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<td>□ Charter Bus (organizations need a bus can complete the Bus Vendor Request Form on OrgSync and the SOuRGe will generate a quote for your trip)</td>
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<td>□ Rental Vehicle(^1) (If destination is over 125 miles from the University, students are required to rent a vehicle. Organization must contact car rental company for estimate.)</td>
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<td>□ Mileage Reimbursement (For use with personal vehicle. Amounts are per current University mileage rate. Must provide map stating roundtrip mileage starting at the University.)</td>
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<td>□ University Gas Card(s) (Required for rental vehicle use)</td>
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<td>□ Tolls (Must provide documentation indicating tolls and amounts)</td>
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<td>□ Parking (must include written documentation of parking fees at hotels, conference, etc.)</td>
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<td>□ Registration (Must provide documentation of workshop, competition, or conference costs and materials)</td>
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<td>□ Lodging (Maximum allowance is $150.00/night including room tax. Printed cost estimate must be provided)</td>
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<td>□ Other: __________________________________________</td>
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**TOTAL AMOUNT**

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\(^1\) For rental vehicle estimates, please contact Enterprise Rent-A-Car at (330)434-2600. Students must be at least 18 years of age to rent any type of vehicle. Those driving a 15-passenger van must be at least 25 years of age.
Special Consideration:
Student Org. Travel Justification Form

If there are any **special circumstances or considerations** included on the Travel Planning Worksheet or information included in this packet, please complete this form. These responses will be used by USG/GSG during the allocation process to help understand your request more clearly.

*Please check the items that should receive special consideration.*

- **Airfare** (why this type of transportation requested, cost, destination from campus, etc.)
  
  Why: ________________________________________________________________

- **Charter Bus** (why this vehicle request, number of students to transport, additional materials, etc.)
  
  Why: ________________________________________________________________

- **Rental Vehicle** (mileage, type of vehicle requested, number of students per vehicle, hauling, etc.)
  
  Why: ________________________________________________________________

- **Registration** (special type of registration, cost, etc.)
  
  Why: ________________________________________________________________

- **Lodging** (number of students per room, cost of lodging, why this location, etc.)
  
  Why: ________________________________________________________________

- **Other** (any additional items not included in the items above, that you'd like to provide more details about)
  
  Item/Why: ________________________________________________________________
  
  Item/Why: ________________________________________________________________

- **Students wishing to travel** (undergrad./grad. classification, number wishing to travel, travel roster, etc.)
  
  Why: ________________________________________________________________

*Note: If you need more space to provide your justification, please feel free to attach an additional sheet*
**Student Organization Travel Roster**

- All student organizations must provide the necessary contact information for all persons traveling with the organization.

- All students wishing to travel with your organization must have **completed and attached the Release of Liability and Emergency Contact Forms.** In addition, these forms **MUST** accompany the group leader throughout the organization’s travel.

- **In order to travel, a student must appear on the membership roster and be in Good Standing with the University.** The requirements for “Good Standing” include: at least a 2.0 GPA (3.0 graduate), being clear of academic probation or suspension, being clear of disciplinary probation or suspension, being clear of unsatisfied financial obligations to the University, and being in Good Standing as defined by the student’s academic college, department, and/or program.

- Good Standing and membership **roster verification** will be checked within two business days from Express Travel Application submission. Any student not in Good Standing or appearing on your official organization Membership Roster (uploaded on OrgSync) will be unable to travel.

- Your organization is encouraged to include names of individuals who may or may not travel, as some students wishing to travel may not prove to be in Good Standing with the University and therefore ineligible to travel.

**All students wishing to travel must attach a Release of Liability and Emergency Contact Form**

<table>
<thead>
<tr>
<th>Name</th>
<th>Student ID</th>
<th>E-Mail Address (@zips.uakron.edu)</th>
<th>Undergrad. or Graduate</th>
<th>Office Use Only (Appears on Roster)</th>
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**Note:** If you have more than 15 students wishing to travel, please make multiple copies of this page.
University of Akron
Consent to Participate & Release of Liability

I, the undersigned, do hereby state that I wish to participate in activities sponsored by

__________________________________________________, a registered student organization at the University of Akron.

The above indicated student organization and The University of Akron make no representations or claims as to the condition or safety of the land, structures or surroundings, whether or not owned, leased, operated or maintained by the University of Akron and/or the above indicated student organization.

I understand that all activities are VOLUNTARY and that I do not have to participate unless I choose to do so. I understand that these activities are potentially dangerous or harmful to my person or property, and that by participating voluntarily accept and assume the risk of injury to myself, up to and including death, or damage to my property.

In exchange for allowing me to participate in these activities and events, I agree to release from liability, agree to indemnify, and hold harmless The University of Akron and the above indicated student organization, and any agent, officer or employees of the University of Akron and any agent, officer or employee of the above indicated student acting within the scope of their duties, for any injury to myself, up to and including death, or damage to my property.

This Release of Liability shall be binding upon myself, successors in interest, and/or any person(s) suing on my behalf.

I have read the statements in this document. I agree with its terms and have voluntarily signed it. I understand that this document is complete unto itself and that any oral promises or representations made to me concerning this document and/or its terms are not binding upon The University of Akron and/or the above indicated student organization or its officers, agents and/or employees.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTAND THIS RELEASE AND I UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE.

_________________________________________  ______________________________
Signature                                      Date

______________________________
Print Name
University of Akron
Student Emergency Information

NAME OF STUDENT ORGANIZATION: ____________________________________________

PERSONAL INFORMATION:

NAME__________________________________________________________

(LAST) (FIRST) (MI)

ADDRESS__________________________________________________________

(STREET)

(CITY) (STATE) (ZIP CODE)

CELL PHONE (______)_______________________________

HOME PHONE(______)_______________________________

STUDENT ID NUMBER______________________________________

BIRTHDATE______________________________________

MEDICAL INSURANCE COMPANY__________________________

PHONE NUMBER__________________________

PERSON TO CONTACT IN CASE OF AN EMERGENCY:

NAME__________________________________________________________

(LAST) (FIRST) (RELATIONSHIP TO STUDENT)

ADDRESS__________________________________________________________

(STREET)

(CITY) (STATE) (ZIP CODE)

CELL PHONE (______)_______________________________

HOME PHONE(______)_______________________________

DO YOU HAVE ANY MEDICAL PROBLEMS THAT WE NEED TO KNOW ABOUT?

No________ Yes_________ IF YES, PLEASE EXPLAIN:__________________________________________

DO YOU HAVE ANY ALLERGIES?

No________ Yes_________ IF YES, PLEASE EXPLAIN:__________________________________________

ARE YOU TAKING ANY MEDICATION?

No________ Yes_________ IF YES, PLEASE EXPLAIN:__________________________________________

_________________________ ________________________

Signature Date

Print Name