Funding Request Number

STUDENT TRAVEL FUNDING RECIPIENT CHECKLIST: INDIVIDUAL

| Individual's Name (pl | ase print) Trip Destination (City, State, Country) |
|-----------------------|---|
| | h task as you complete it. Once all tasks have been completed, sign and date this form and turn it in overnment Association Office, Walb 225. |
| BEFORE THE | RIP: |
| Review t | e Student Travel Funding Guidelines |
| Submit a | Student Travel Request Form |
| Complet | a 5-minute Presentation at a Student Travel Funding Allocation Committee Meeting |
| Meet wit | Student Travel Fund Allocation Coordinator to complete necessary paperwork |
| 1 | dividual Student Travel Funding Award Contract |
| Τ | ip Information Worksheet |
| E | mergency Contact Information |
| H | old Harmless Waiver (for each trip attendee) |
| Schedule | meeting with the Director of Student Leadership to use department credit card, if needed |
| Internati | IONAL TRAVEL ONLY: Inal Travel Vaiver, Release, and Hold Harmless Agreement Vip Itinerary Iternational Trip Insurance (required) Pequest for Driver Authorization (if driving) Vip Insurance (Domestic) |
| | |
| | |
| | |

Date

Sign