

For ETSC use. Do Not Write In Box

Date received _____

Decision _____

Amount _____

Date Notified _____

Signature _____



ENGINEERING & TECHNOLOGY STUDENT COUNCIL

Request For TRAVEL Funding From ETSC

A Summary of Anticipated Expenses Per Travel Please Type or Print Clearly

Date _____

PART A: GENERAL INFORMATION

Organization: _____

Chairperson/ President of the organization: _____

E-mail: _____ Phone (s): _____ / _____

Address: _____

Faculty Advisor of Organization: _____ Signature of Advisor: _____

Campus Address: _____ Campus Phone: _____

PROPOSED ACTIVITY (TITLE): _____

Date of Travel: _____ Total number of students going on Trip: _____

Where will the activity be held? (circle one) On Campus Off Campus Has event been APPROVED in The Den? _____

Who is the primary target audience? _____

EXPENSES:

In the space below itemize your estimated income and expenses for Travel. Include items that you anticipate will be paid from other sources. Use an additional page if more space is needed.

Table with 3 columns: ITEM, SOURCE OF INFORMATION, COST. Contains 9 numbered rows for itemizing expenses.

Total cost of activity: \$ _____

Amount needed from activity fee for this activity: \$ _____

Anticipated income from source other than activity fee: \$ _____

Source of funds other than activity fee: _____

Questions: Please limit responses to 250 words.

Why is this Travel necessary and what will be gained by going?

Describe the Travel in detail. Include all plans and accommodations.

What is the impact/benefit to the students attending?

Submission Process:

- **This proposal MUST BE presented at the student council meeting AT LEAST 30 days before the planned event.**
- Please contact ETSC (etsc@iupui.edu) and Vice President to schedule a presentation time with the officers of ETSC.
- If the proposal is approved by the ETSC, you must schedule a meeting with Marilyn Mangin to learn how to access the money allocated to you. At that meeting you will decide on a specific plan for paying for your activity. It is important not to make a commitment on behalf of this fund until you learn the limitations of the activity.
- The student activity fee will not be authorized for events that have already taken place before a formal request is approved.
- Please refer to the Reimbursement Process if your organization is granted funding.
- After the return of the trip, all ITEMIZED receipts must be turned into Marilyn Mangin to get your reimbursements.
- If you will be presenting a poster please include the ETSC logo on your poster.
- After the return of the trip, you will be required to present about your trip at the monthly meeting.

By signing below I verify the above information is correct and that I have read over the submission process and agree to each point

Signature: _____

Print Name: _____ Date: _____

PART B: OFF CAMPUS INFORMATION (only fill out part B if your event is off campus)

Trip/Conference Name: _____

Location: _____

Dates of Travel: _____

Will you be staying at a hotel? Yes No

Name of Hotel or Sleeping Arrangement _____

Address of Hotel or Sleeping Arrangement _____

Number of students' traveling _____

Please list all students attending:

First Name	Last Name	User Name	Email	Student Number
<i>John</i>	<i>Doe</i>	<i>Jdoe</i>	jdoe@iupui.edu	<i>0001234567</i>

List students that will be driving _____
Student drivers must pass a university driver check in order to drive.

List all other details necessary for ETSC to make an informed Decision:
