

Participant Name: _____ Sponsoring Club: _____

NSM-ICC Funding Request Packet: TRAVEL

The NSM-ICC prefers that all funding request proposal packets be submitted *prior* to event for allocation consideration. We understand that there may be situations where retroactive funding may be necessary. These will be considered on a case-by-case basis.

>> ***Pre-Travel Forms*** (Must be submitted prior to travel even if retroactive funding will be requested. If these forms are NOT completed and approved prior to travel, reimbursement cannot be provided per ASI regulations.)

Delegate Contract: If you are staying at a hotel, please include hotel information even if you do not plan to request funds for hotel stay.

PARTICIPANT/TRAVELER MUST READ AND SIGN THIS DOCUMENT.

Release of Liability: Form must include information for conference.

PARTICIPANT/TRAVELER MUST READ AND SIGN THIS DOCUMENT.

Field Trip Participation: ONLY REQUIRED WHEN TRAVELING IN A GROUP

In the case of a group traveling to a conference, the form should be filled out only once and include all the traveling students.

Vehicle Form: A copy of driver's license, driver's auto insurance card, and a copy of your Defensive Driver's Certificate must be turned in. **This portion of the packet must be turned in at least 2 weeks prior to travel. Must be completed fully, signed AND initialed. Failure to turn this in far enough in advance for ASI processing may result in no reimbursement for driving.**

ONLY REQUIRED BY PARTICIPANTS WHO ARE DRIVING. If you are not driving, skip this form.

Executive Senate Travel Request Form: The summary of expenses should include ALL expenses for the trip regardless if you are being reimbursed for them or not. If receiving funding from a department (e.g. Biology Department, Chemistry & Biochemistry Department, etc.), check "yes," and in the box below include information for the department funding only – not the ICC funding. If not receiving department funding, simply check "no."

***If the proposal shall be submitted for retroactive consideration, please submit the above forms prior to departure. Failure to do so will result in a retroactive proposal not being considered for funding.

>> ***Funding Proposal Documents*** (Must be turned in prior to travel unless seeking retroactive funding).

A complete travel request packet includes these documents, in addition to the pre-travel forms. Submit the completed packet to the ICC representative for review. The NSM-ICC meets every Friday; finalized packets are due to the ICC the prior Friday in order to be reviewed and considered for the next week's agenda.

Cover Letter: Basic information and a paragraph stating the purpose of the travel, the benefit to the student and CSUF, and why funding is needed to attend the conference/event.

Allocation Request Form: Conference/Event information with total amount of travel costs corresponding to Line 8077: Travel. Please include the total.

NSM-ICC CLUB REPRESENTATIVE MUST SIGN THIS DOCUMENT

Letter of Confirmation from Research Advisor: If presenting, this letter shall be written by traveler's research professor/advisor confirming participation in the conference.

LETTER MUST BE SIGNED BY RESEARCH PROFESSOR/ADVISOR.

Verification of Acceptance to Present Work: This is typically an email that was sent to traveler stating that the abstract has been accepted to be presented at the conference.

ONLY REQUIRED IF YOU ARE PRESENTING YOUR WORK.

Copy of Abstract: We require both a **DIGITAL COPY** to be submitted to the Vice Chair and **HARD COPY** to be submitted with this packet.

ONLY REQUIRED IF YOU ARE PRESENTING YOUR WORK.

>>> ***Presentation of Proposal:*** The traveler must attend the NSM-ICC meeting to make the request in person, unless there is an excused reason he/she cannot attend. The student should be prepared to share the justifications provided in the Cover Letter.

>>>> ***Post-Travel Forms*** (Must be submitted to the Vice Chair within **15** days of returning)

Written Report: This report should be a minimum of 350 words and summarize the topics/panels/speakers attended and what was learned from them, what will be brought back to the university by the student, and how CSUF and ASI benefit from the student's attendance at the conference.

Oral Presentation: Given to the club that sponsored the student's travel.

All Original Itemized Receipts: Speak with your NSM-ICC Club Representative for details on what the ICC will reimburse, and reference the Post-Travel Paperwork Checklist that you should receive at the time when you are allocated the funds.

>>>> Annual Science and Mathematics Symposium Requirements:

Please initial next to ONE of the following that pertains to you and to your level of participation at the conference for which you are receiving funding. Then read the corresponding statement and sign. You will be contacted in the Spring with details regarding presenting/volunteering.

_____ **ACTIVE** (Presenting research)

I, _____, understand that by presenting research at a conference and obtaining funding from NSM-ICC, I am required to present my research at the Annual Math and Science Symposium in the Spring.

Signature: _____ Date: _____

_____ **NON-ACTIVE** (Not presenting research/only viewing or attending)

I, _____, understand that by taking a non-active role at a conference and obtaining funding from NSM-ICC, I am required to volunteer at the Annual Math and Science Symposium in the Spring.

Signature: _____ Date: _____

PARTICIPANT SIGNATURE:

By signing below, I understand and agree to fulfill all necessary requirements of the items completed on the above checklist. I also agree to participate as an NSM-ICC student representative at the funded event and after. In addition, to the best of my knowledge, I am turning in a complete funding request proposal packet.

Printed Name

Signature

Date

NSM-ICC CLUB REPRESENTATIVE SIGNATURE:

By signing below, I agree that I have looked over the funding request proposal packet with the submitting participant. I have verified that all necessary items have been fully completed and are properly organized. I have verified that all forms have been typed and signed where applicable. To the best of my knowledge, I have verified that this funding request proposal packet is complete and ready to be sent forward to the Vice-Chair/Director of Finances, and to be considered by the NSM-ICC members.

Printed Name

Signature

Date



Delegate Contract for Traveling Using ASI Fees

Name:		Council/Program: NSM-ICC Club:	
Address:		City:	
Phone:		Mobile Phone:	
Emergency Contact Name:		Emergency Contact Phone Number(s):	
Dates of Travel:		<i>Event Name:</i>	
Means of Travel: air <input type="checkbox"/> car <input type="checkbox"/> train <input type="checkbox"/>		<i>Hotel Name:</i>	
Airline:	Airports:	<i>Hotel Address:</i>	
Departure Flight Number/Time:		<i>Hotel Phone Number:</i>	
Arrival Flight Number/Time:		<i>Room in Name of:</i>	
Other important travel information:			

By signing below, I agree to the following:

1. I will attend and participate in ALL aspects of the conference, i.e. attending a presentation during each session offered as well as attending general meetings and meals.
2. I realize that I am a representative of the Associated Students, California State University, Fullerton, Inc., and that I have been chosen by my organization to represent it and its interests. As such a representative, I understand that any actions I take at the conference will negatively or positively affect opinions of others about our organization and California State University, Fullerton.
3. As a delegate, I will engage in behaviors that are responsible and mature. Intoxication, use of illegal substances, abusive or inappropriate behavior may result in dismissal from the delegation and conference.
4. I understand that my behavior at this conference may affect negatively or positively any future conference funding from the ASI or ICC for my organization.
5. In accordance with ASI Policy Statement #213, I understand that I am to provide a one-page, written report to ASI Leader and Program Development (TSU 269) no later than 15 school days after I return from the conference. Further, I understand that I am to provide a presentation to my organization, ICC or ASI Board within that same time period.
6. I hereby certify that I am a duly enrolled student in good academic standing (2.0 for undergraduate students, 3.0 for graduate students) at California State University, Fullerton.
7. I understand that violation of any of the above regulations may require me to reimburse the ASI for any expenditures incurred for my participation at the conference.

Signature _____

Date _____

**RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: _____

Activity Date(s) and Time(s): _____

Activity Location(s): _____

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California; the Trustees of The California State University; California State University, Fullerton and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: _____

Participant Name (print): _____

Date: _____

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's Parent/Guardian

Name of Minor Participant's Parent/Guardian (print)

Date

Minor Participant's Name

Cover Letter

Paragraph Explaining Why Funding is Needed:

Student Traveler Information:

Name: _____ CWID: _____

Address:

Street: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____



Allocation Request Form

I move that the following allocation be approved:

Program Title: _____

Sponsor: _____

Date, Location and Time: _____

Budget Line and Name		Amount
8074	Contracts, Fees and Rentals	\$
8077	Travel	\$
	Total	\$

Dispersal Outline			
Vendor	Amount	Vendor	Amount

I understand that I must comply with all funding regulations as listed in the funding organization's bylaws. I understand that at the conclusion of this meeting, it is my responsibility to meet with the Financial Officer and complete an *Allocation Dispersal Form*. I understand that the funds shall not be transferred to my organization's account and that all payment for goods and services from the monies allocated are to be coordinated with the Financial Officer no later than two weeks from the aforementioned stated program date.

Name of Representative (Printed)

Signature of Representative

Representative's Phone Number

Today's Date

<i>Financial Officer Only</i>	Finance Committee Date:	Fail Pass Stipulations (on back)
General Council Date:	Pass Fail Table	Action Number:

Executive Senate Travel Request



Please provide your contact information and information about the conference or program.

Name:	CWID:
Primary Phone:	Email:
Conference/Program:	
Date(s):	Location:

Please provide a summary of all expenses for travel to this conference or program.

Category	Amount
Registration	\$
Airfare	\$
Lodging	\$
Transportation	\$
Mileage Reimbursement	\$
Other (please list):	\$
Total Travel Expenses	\$

Will you be requesting/receiving funding from a CSUF department? **YES** **NO**

If yes, please state 1) how much funding is being requested/has been received, 2) the department the funding is being requested/received from, and 3) if the funding has already been approved/the likelihood that it will be approved:

The requestor acknowledges that if funding from a CSUF department is received, they will need to submit all original receipts to that CSUF department for reimbursement. The requestor further acknowledges that they will complete all required pre-travel documentation before traveling and will, upon return, submit the required conference report to the council financial officer.

Student Requestor Signature Date

Financial Officer Signature Date

Council Advisor Signature Date

For council use only:
Council _____ Account _____ Approved Yes ___ No ___ Amount \$ _____ Date _____