

2019-2020 CAB Travel Funding Request

Instruction Checklist:

- ❑ All applications **must be** typed and include original signatures. Emailed requests will only be accepted if the scanned copy also includes original signatures. E-Signatures will not be accepted.
- ❑ Fill out the application in its entirety. Do not turn in pages that have been left blank.
- ❑ Applications must be submitted at least 6-8 weeks prior to travel dates and must be submitted to the appropriate campus Student Life Office by the due date announced prior to the CAB Meeting.
- ❑ **SPECIAL NOTE:** If granted funding for a conference/travel, the Post Student Travel/Trip Evaluation must be completed no later than 10 business days after the trip. Failure to turn in Post Evaluation can/will result in your organization being denied for future funding.
- ❑ **If approved for funding you must seek approval from the Advisor's Supervisor, Office of Student Life, the Dean's Office, and the President's Office before any funds are used to pay for travel.**

Applicant Information	
Applicant Name:	Applicant Role:
Applicant Email:	Applicant Phone Number:
Organization Information	
Recognized Student Organization Name:	
Advisor Name:	Advisor Email:

Event/Program Information

Name of Conference:	Conference Location:
Date(s) of Conference:	Conference Target Audience:
Number of Students Attending:	Number of Advisors Attending:
Amount Requested:	Conference Target Audience:
<p>Conference Area of Focus:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Education/Leadership Event (lecture series, workshops, speakers, etc.) <input type="checkbox"/> Cultural (Celebrating specific Communities) <input type="checkbox"/> Performance (HCC students are involved in showcasing skills, talents, etc.) <input type="checkbox"/> Other (please explain) _____ 	
<p>Describe the conference and its goals.</p>	
<p>How are you and other entities contributing financially to travel/conference expenses?</p>	
<p>If your request is not granted approval, how will you finance your needs?</p>	

Conference Attendance History

Has your Student Organization previously attended this conference?

Yes No

If yes, please answer the following questions

Date:

Location:

Total Attendance:

Student Learning Outcomes and Impact

Describe the Organization/Club/ Group mission and how it relates to the conference.

Why is it important for HCC students to attend this particular conference?

Projected Budget Summary	
<i>List all expenses being requested (attach additional page if necessary)</i>	
Food	Amount: \$
Travel Insurance	Amount: \$
Lodging	Amount: \$
Baggage Fees	Amount: \$
Transportation	Amount: \$
Registration	Amount: \$
Other	Amount: \$
Total Expenses	Amount: \$

- ❑ **Required:** I have attached all applicable quotes. Including quotes for lodging, transportation, baggage fees, registration, etc.
- ❑ I understand that if my request is approved, I have only secured funding and not authorization for travel itself. I have to obtain travel authorization from the Student Life Coordinator, Dean's Office, and President's Office at least.
- ❑ I understand this is a REQUEST for funding that may/may not be approved.
- ❑ I understand if my request is denied but I have made financial commitments and/or have outstanding balances to vendors, I am responsible for vendor payment.

Signatures

Preparer of CAB Application

By signing below, I certify that I have reviewed and support the following CAB funding request.

Printed Name: _____

Signature: _____

Organization President/Student Representative (Required if Student Organization/Club)

By signing below, I certify that I have reviewed and support the following CAB funding request.

Printed Name: _____

Signature: _____

Organization Advisor (Required if Student Organization/Club)

By signing below, I certify that I have reviewed and support the following CAB funding request.

Printed Name: _____

Signature: _____