

CLUB COORDINATING COUNCIL TRAVEL FUNDING APPLICATION GUIDELINES

The Club Coordinating Council (CCC) offers recognized clubs the opportunity to apply for travel grants to attend conferences and workshops.

Many clubs do not have sufficient funds to fully sponsor travel to a conference or workshop. The CCC allocates Travel Grants by funding received from the Associated Students. Funds are allocated to clubs up to \$1000 per year. Travel expenses are reimbursed after returning from travel (after-the-fact) with appropriate original receipts. If you have any questions, please call the Clubs Office at 707-826-3776.

The CCC can fund the following:

- Conference/activities fees
- Gas and/or airfare
- Lodging
- Rental cars

The CCC cannot fund the following:

- Food while traveling
- Travel expenses without appropriate, itemized documentation/receipts

APPLICATION GUIDELINES

- Applications must be completely filled out and typed.
- Your *CLUB ADVISOR MUST SIGN THE PROPOSAL* (Applications will not be processed without the advisor's signature)
- Submit to the Clubs Office at least **one week** *BEFORE THE NEXT CCC MEETING*.
- When you turn in your application, **please sign up for an appointment time** for the next CCC meeting.

Thank you for applying. Please keep a copy of your Application for your own records. Your representative at the meeting must be prepared to answer questions about your proposal.

I have read the Travel Funding Application Guidelines and understand the requirements. _____

Check with the Clubs Office for the next CCC Meeting

HSU Clubs & Activities
Request for Authorization to Travel
Clubs and A.S. Programs

- Complete this form (front and back) and submit it to your club advisor for approval and signature
- Once completed, please return the original signed form to the Clubs & Activities Office prior to your trip along with 'pre-travel release and hold harmless' forms for each club member and driver paperwork if applicable. If you have questions, do not hesitate to stop by the office or contact us at 707-826-3776.
- Please note: You are not officially authorized to travel until all steps are completed and you receive an email confirmation back from our office.

Club/A.S. Program name: _____

Contact person: _____

Phone: _____ Email: _____

Destination: _____

Departure date: _____ Return date: _____

Purpose of the trip:

Mode/s of Transportation (check all that apply): ___ Personal Vehicle/s ___ Rental Car/s
___ Airplane ___ Other (bus, train, etc.) ***If driving, how many vehicles? ___

Driver Information:

(Please note: There is additional paperwork required for drivers. Ask the front desk to supply the number of driver packets needed)

Name: _____ ID# _____

Phone number: _____ HSU email address: _____

Name: _____ ID# _____

Phone number: _____ HSU email address: _____

Name: _____ ID# _____

Phone number: _____ HSU email address: _____

Name: _____ ID# _____

Phone number: _____ HSU email address: _____

Name: _____ ID# _____

Phone number: _____ HSU email address: _____

Name: _____ ID# _____

Phone number: _____ HSU email address: _____



4. Description of Conference:

5. What are the primary objectives/purposes of the conference?

6. How will your club's participation in this conference benefit other students at HSU?

Approval: _____

Clubs Coordinator

Date: _____

Travel Funding Budget

Estimated Expenses:

Travel

Airfare: #___ passengers x \$ _____ \$ _____

Fuel: #___ miles / _____ approximate vehicle MPG
x \$ _____ avg. gas price/gallon x #___ of vehicles \$ _____

Lodging: #___ of rooms x \$ _____ per night x #___ nights \$ _____

Conference Fees

#___ people x \$ _____ per person \$ _____

Other Expenses *(Rental fees, etc.)*

_____ \$ _____
_____ \$ _____
_____ \$ _____

Total Estimated Expenses: \$ _____

Estimates Revenues: *(funding from all sources)*

Travel Grant from Clubs Coordinating Council: *(total amount you are requesting)* \$ _____

Funding from other sources: *(fundraising, out of pocket, donations, etc.)* \$ _____

List sources here - separated with a comma:

Total Estimated Revenues: \$ _____

Must match Total Estimated Expenses

Total Amount Requested: \$ _____

For Office Use Only:

Total Amount Requested: \$ _____ **Total Amount Received:** \$ _____