

GPSG TRAVEL SETTLEMENT
2009-2010

This form MUST be completed and returned within two weeks of the conclusion of your meeting or conference. ORIGINAL receipts MUST accompany this form.

Applicant Name: _____

Student Organization: _____

Travel Dates: _____ Destination: _____

Purpose of Trip: _____

(include type of presentation and conference name)

Phone #: _____ Email Address: _____

A. Transportation Costs:

Air/Train/Bus Fare: _____

Parking/Taxi/Shuttle Fare: _____

Rental Car/Gas: _____

Personal Vehicle (mileage): _____ [mileage will funded at current rate]

Office Use Only – Total: _____

B. Lodging:

Number of nights in hotel: _____

Hotel rate per night: _____ Taxes per night: _____

Office Use Only – Total: _____

C. Registration Fee: _____

D. Meals

Number of Meals to be claimed:

Breakfast: _____ Lunch: _____ Dinner: _____

Office Use Only – Total: _____

E. Other Funding:

Is your participation supported by other sources? _____

Amount: _____

Source(s): _____

Which expenses are being reimbursed by other sources? _____

Office Use Only

Total Eligible (a + b + c + d): _____ **Total Approved:** _____

F. Student's Pledge

I have read, understand, and agree to abide by the regulations governing the allocation and use of GPSG travel funds. I understand that if original receipts do not arrive at the GPSG office, I cannot be reimbursed by GPSG. I also agree to return any funds over-allocated to me by the GPSG.

Signature: _____ Date: _____

G. GPSG Approval

Organizational Representative: _____

GPSG Treasurer: _____

H. SAFC Approval

Business Manager: _____

Return completed forms accompanied by the appropriate original receipts and GPSG Travel Evaluation to:

Graduate & Professional Student Government
SAFC Business Manager
212M Student Union
704-687-7255
cphurst@uncc.edu

GPSG TRAVEL EVALUATION FORM

This evaluation form is for graduate students who have received travel funding from Graduate and Professional Student Government (GPSG). This evaluation should be submitted to the GPSG Treasurer within two weeks of the date of return.

Name of Organization: _____
Traveler Name: _____ E-Mail: _____
Phone Number: (_____) _____ - _____ Date Submitted: ____ / ____ / ____
Name of Conference: _____
Conference Dates: _____ / _____ / _____ to _____ / _____ / _____
Conference Location (City, State): _____
Amount allocated by GPSG: \$ _____ Amount used by traveler: \$ _____
How many UNC Charlotte students attended this conference? _____

Please summarize the activities involved with the travel:

Was the travel beneficial? How?

How does this travel benefit the entire UNC Charlotte student community?

The information submitted above is accurate to the best of my knowledge. I understand that my student organization could be penalized should the information above be found to be fabricated or untrue.

Traveler's Signature

____ / ____ / ____
Date

Organizational Officer's Signature

____ / ____ / ____
Date