Reminders for Funding Requests

- Your department must have a recognized senator in order to request funds.
- All requests must be submitted prior to the date of the event for which funds are being requested.
- A fund request packet must be properly completed and submitted to the Student Government Office in SURC 236 at least three business days prior to the Executive Board meeting at which it is to be heard.
- One person that is going on the trip must represent the funding request at the SAS Executive Board meeting and at the General SAS meeting.

General SAS Meetings

For current upcoming meeting times, visit the Student Government Office in SURC 236 and ask about General SAS meetings or visit the online website at https://www.cwu.edu/ascwu/sas-student-academic-senate
Funds Request Form

Academic Department: Travel Destination:
Dept. Chair: SAS Senator:
Presenting requestor: Email Address:
Date of event START: Date of event END:
Number of students attending:

TOTAL AMOUNT REQUESTED: AMOUNT SUGGESTED: (Official Use Only)
$____________ $____________

As the student requestor of SAS, I hereby state that the information providing in this request is presented, to the best of my knowledge, fairly and truthfully. I have read and understood the attached sheet entitled “Student Academic Senate Funds Request Procedures” and have verified the completeness of this funds request form.

Student Signature Date

International Studies and Programs (OISP) for travel outside the U.S. Date

SURC Accounting Signature Date

Completed Funds Request Packet Received by VP of Academic Affairs:

VP Signature Date

TRAVEL AUTHORIZATION SIGNATURES:

I hereby affirm that the information listed herein is true and correct to the best of my knowledge. I understand that there is no liability insurance currently provided by CWU for Senators or department representatives of SAS-recognized departments in personal motor vehicles. I further acknowledge that all participants have signed both a Travel Waiver and Health Waiver, that they acknowledge that there may be inherent risks associated with our trip, and agree to not hold Central Washington University, any of its entities or the ASCWU-BOD responsible for any loss of life or property that may be incurred as a result of the trip.

Group Leader: ___________________________ Signature: ___________________________ T.A. #: ___________________________

I have reviewed the above travel authorization and believe it to be in compliance with University policy.

VP Academic Affairs: _______________ Signature: ___________________________ Date: _______________
ITEMIZED BUDGET:

Please include all costs related to, and any funds raised for, your event EXCEPT food and supply costs.

<table>
<thead>
<tr>
<th>Cost Category</th>
<th>Description/Type/Location</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration Costs</td>
<td></td>
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</tr>
<tr>
<td>Travel</td>
<td></td>
<td>+</td>
</tr>
<tr>
<td>Hotel</td>
<td></td>
<td>+</td>
</tr>
<tr>
<td>Guest Speaker</td>
<td></td>
<td>+</td>
</tr>
<tr>
<td>Guest Speaker Honorarium</td>
<td></td>
<td>+</td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td>+</td>
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<tr>
<td>Other</td>
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<td><strong>SUBTOTAL:</strong></td>
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<td></td>
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<tr>
<td>S&amp;A Support</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Other Support (Please List)</td>
<td></td>
<td>-</td>
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<tr>
<td><strong>TOTAL AMOUNT NEEDED:</strong></td>
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</tbody>
</table>

Guidelines

Student Academic Senate can provide reimbursement funds to any student from a recognized and represented academic department for the following costs incurred during an approved academic event:

Travel: All transportation costs to and from the event – fuel, transit fare, rental fees
Registration: Costs for participating at a conference or academically enriching event.
Lodging: Costs will only be reimbursed if the event is more than 50 miles away from Ellensburg.
Guest Speakers/Events: Costs for bringing non-University people to speak at an event. Guest speakers must be recommended by a student representative of a SAS-recognized department. You are required to work with Campus Life (SUB 214) to create a Personal Services Contract for your speaker. A speaker is not officially approved until a contract has been issued and signed by the Campus Life office.

- All allocations are subject to availability of funds and approval of all regulating bodies.
- Documentation (receipts, itinerary, and event schedules) is required.
- No department may request more than 15% of the total SAS budget in one academic year.
- One request may be made per event. The maximum funds available are as follows:
  - One student: $300
  - Two students: $500
  - Three students: $700
  - Four students: $900
  - Five students: $1100
  - Six students: $1300
  - Seven students or more: $1500
**TRAVEL & ITINERARY**

Senators and student representatives utilizing Academic Senate funding for an event that requires travel must complete the form below, as well as the travel authorization and travel voucher forms, as part of the funding request process. This form must be completed and submitted with the funds request packet and any updates must be made prior to departure on trip/activity. *If your event does not require travel, please disregard the remaining pages. If you are traveling by motor pool please see motor pool guidelines.*

All travel outside of the United States requires approval from the Office of International Studies and Programs (OISP), which must be obtained at least six months prior to departure. Additional documentation may be required by OISP, so you are encouraged to start the process early.

The itinerary information is for the purpose of establishing emergency contact with the group and participants. *This form must be completed for all domestic travel in the United States.* For travel internationally, or to rural areas please contact the VP Academic Affairs (ext 1765) for more information on additional university approval that may be required.

*Please attach a list of participants with names, student ID numbers, phone numbers, emails, as well as an address the reimbursement check will be mailed to.*

**PARTICIPANT CONTACT INFORMATION:**

<table>
<thead>
<tr>
<th>Academic Department:</th>
<th>Locating traveling to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated Group Leader:</td>
<td>Cell phone:</td>
</tr>
<tr>
<td>Date of departure:</td>
<td>Date of return:</td>
</tr>
<tr>
<td>Advisor if attending</td>
<td>Cell phone:</td>
</tr>
</tbody>
</table>

**TRANSPORTATION ITINERARY INFORMATION:**

**Air Travel:**
Please list all departing and return flight numbers:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Driving:**
Personal or Rental Agency (Specify):____________________________

Driver Information:
Please provide the following for each driver:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Driver License #:</th>
<th>Insurance Carrier:</th>
<th>License Plate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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</tbody>
</table>

*Other Form of Transportation not identified above please specify:*
ACCOMMODATIONS INFORMATION:

Lodging Accommodations:
Name of Lodging: __________________________________________
Location of Lodging: ________________________________________
Phone Number of Lodging: __________________________________
Duration of Lodging: ________________________________________

***If lodging at multiple locations please attach a supplemental list of the above information for each location of lodging.

If staying in an outdoor location, please list the exact physical location by being as specific as possible:

DAILY ITINERARY INFORMATION:
Please attached typed copies to this packet

NOTE: Any changes or updates to the travel itinerary must be made through SURC Accounting.

QUESTIONS FOR EXECUTIVE BOARD

1. What is the total cost of the intended event? (This number should be the same as your “Cost Sub-Total” on the Itemized Budget Section of the Form.)
   $__________________________

2. How much money is projected that each participating member will be paying out of pocket if Senate Funding is allocated?
   $__________________________

3. What different fundraisers have you done for this event?

4. How much monetary support have you received for this event from other entities? (Club Senate, S&A, Graduate Studies, etc.)
   $__________________________

5. How many students will be attending / participating?
   ____________________________

6. How will this event enrich your academic experience at CWU?
   *If more room is needed please attach any additional pages
Alcohol Guidelines and Agreement

Please read the following carefully in its entirety before signing.

The Student Academic Senate promotes “Responsible Freedom” and encourages SAS Senators and department representatives to participate in any legal activity in which they choose. However, we ask you to remember at all times that you are representing Central Washington University in all activities in which you participate. In order to make your event a positive and safe experience for all participants, please be mindful of the following guidelines:

• You should be aware of the potential risks of the use of alcohol during trips and/or meetings. The SAS Senator and/or other students benefitting from SAS funds are responsible for their actions while on trips and activities and are expected to act in a responsible manner that is consistent with the laws of the United States, Washington State and Central Washington University.

• It is expected that all recognized Central Washington University SAS Senators and department representatives will behave in a responsible manner in regards to drinking and driving, and will work to ensure intoxicated parties are returned safely to their lodgings.

• The use of State vehicles to transport alcohol, or to transport persons to and from establishments with the primary purpose of selling alcohol, is prohibited.

I hereby agree to follow the above guidelines

__________________________________________  ____________________________  __________
SAS Senator (Please Print)                SAS Senator’s Signature         Date

__________________________________________  ____________________________  __________
Student Representative (Please Print)        Student Representative’s Signature       Date