

Is your group SOC Approved?  
 Yes  No   
 Will be verified by the Center for Student Involvement



OFFICE USE ONLY  
 Date Received \_\_\_\_\_  
 Staff Member Initials \_\_\_\_\_

## 2009-2010 Appropriations Trip Request Form

Name of Requesting Group: \_\_\_\_\_ Activity Account # SA \_\_\_\_\_

Name	Phone	Email
President: _____	_____	_____
Treasurer: _____	_____	_____
Sponsor: _____	_____	_____

\*The sponsor is included on the form for information purposes only, according to the SGA constitution, **only enrolled students** are allowed to present information to the senate and to the Appropriations committee.

Student in Charge of Paperwork: \_\_\_\_\_  
 FHSU ID Number (8-digit Number): \_\_\_\_\_

\*\*Your 8-digit FHSU ID number can be located on your FHSU TigerTracks Account. Once you have logged into TigerTracks, select the online services tab. When you reach the student information system, scroll down and select "My FHSU ID" located under the personal information tab.

Contact Information: Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Convention/Travel**

Location of Event: \_\_\_\_\_  
 Name of Event: \_\_\_\_\_  
 Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_  
 Time: \_\_\_\_\_ Time: \_\_\_\_\_

Open to All Students?  
 Yes  No

Open to Non-Students?  
 Yes  No

Total Cost of Trip	Funding Requested	For Office Use <b>ONLY</b> (Recommendation)
Registration Cost (per person) _____ (total) _____	Registration Cost (per person) _____ (total) _____	Registration Cost (per person) _____ (total) _____
Lodging Cost _____	Lodging Cost _____	Lodging Cost _____
Mileage Cost (.55 * Miles) _____	Mileage Cost (.55 * Miles) _____	Mileage Cost (.55 * Miles) _____
Other Costs (i.e. meals not included in registration cost) _____	Other Costs (i.e. meals not included in registration cost) _____	Other Costs (i.e. meals not included in registration cost) _____
<b>Total</b> _____	<b>Total</b> _____	<b>Total</b> _____

Vehicle Used:  
 Private  State

Number of Vehicles  
 Private \_\_\_\_\_ State \_\_\_\_\_

Alternate Funding Sources (i.e. Departmental) \_\_\_\_\_

**Travelers:**

Name	FHSU ID Number	Student Classification	Name	FHSU ID Number	Student Classification

You may also wish to include a short statement outlining services performed by the group, as well as the potential activity or any other details that may be important about the traveling arrangements of the trip. **If a Department is funding any of the trip's expenses, please note that in "Alternate Funding Sources."** If you have more than 12 travelers, please attach another sheet.

1. What types of fundraising events does the organization hold, and how is that money used?

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2. What service projects do you have planned to complete the required 20 hours of service?

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3. What types of on-campus activities are performed by this group?

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4. Please attach a current listing of all active members in the organization (names & classification only).

**Note:** The Student Government Association Constitution specifically prohibits appropriations funds for parties, individual gain, dances, awards, or individuals not enrolled at FHSU. Also prohibited is the funding of groups that have received Allocations funding for the current year. Unless justified you must submit this request to the SGA office six (6) weeks prior to the departure date of the trip. All receipts must be turned in to the SGA office no later than two (2) weeks after you return.

Here are some specific guidelines to follow according to the FHSU Business Office:

- \* If you receive funding for flights, you must return an itemized itinerary.
- \* If the hotel is a conference hotel, some proof of that needs to be turned in to the treasurer, such as a conference brochure or pamphlet.
- \* Receipts that registration has been paid must be saved and turned in.
- \* Receipts from hotels need to have a balance of zero to show the amount has been paid.

I have read all of the above information and fully understand it. I understand that if receipts and/or any monies from this trip are not returned to the SGA office within two (2) weeks from returning from our trip, our group will be put on Appropriation probation for one (1) calendar year in which Appropriation requests will be denied during this time limit.

\_\_\_\_\_  
Signature of President

\_\_\_\_\_  
Signature of Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date