

Travel Related Expenses

Accommodations: _____ nights @ ____ / night x _____ rooms \$ _____ A
 *Current SGC policy is that 4 members of the same gender are expected to stay in one room. Co-ed is not permitted.

Transportation: (Please include only the most cost effective mode of transportation.)

Ticketed \$ _____ per ticket X _____ tickets \$ _____ B
I.e.: plane or train tickets

Rentals _____ vehicles X \$ _____ per vehicle X _____ days \$ _____ C
*Advance reservation rentals are available through the University at a cost of \$ 35.00 per day.
 The Council will not cover costs associated with insurance, or additional drivers.
 The student organization renting the vehicle assumes all responsibility for damage or theft.*

Mileage _____ miles X _____ vehicles X 0.375 \$ _____ D

Food Per Diem: _____ number of participants X \$ 15.00 X _____ days \$ _____ E
 * The Student Government may pay up to a \$15.00 per day allowance for food.

TOTALS (Lines A-E) \$ _____

Projected Income

Club Contribution: \$ _____ A

Fundraising and other efforts \$ _____

Individual Member Contribution \$ _____ per member \$ _____

Income from other sources: \$ _____ B
 * Use the lines below to fully itemize each income source, and tally them above.

Fran Frazier Student Travel Scholarship (conferences only) \$ _____

UM-Flint Annual Fund \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTALS (Lines A-C) \$ _____

TOTAL ALLOCATION REQUEST \$ _____

Notes relating to allocations

Please note that the Student Government reserves the right to deny any portion of a request. Requests should be filed **two weeks** before any activity. It is highly recommended that clubs seek funding from other sources. If you need assistance filling out this form, please contact any member of the Student Government Council, or the Office of Student Life.

Please attach all brochures, website printouts, and other documents to aid the Council in their decision.

OFFICE USE ONLY	Financial Board Review Notes: FB Support? Yes ___ No ___ FB Hearing Date ___ / ___ / ___	Council Review Notes: Council Review Date ___ / ___ / ___ Amount Allocated \$ _____ /or/ Declined
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