Please note that completing this form does not guarantee appropriation of funds.

Student Group Name: ____________________________________________________________
Student Group Contact Person(s): ________________________________________________
Cell #: (_____) ___________________________ Email: _____________________________@myncc.niagaracc.suny.edu

EVENT INFORMATION

Name of Event/Conference: _____________________________________________________ Date(s): ___/___/___ - ___/___/___
Location: _____________________________________________________________________ Number of attendees: _______________
Early Bird Registration Deadline: ___/___/___ Last Date to Register: ___/___/___
Travel By (Please Check): □ Bus □ Air Plane □ Train □ Car
□ Other ____________________________________________________________________________
If traveling by car please indicate: Who is driving? ___________________ Will the vehicle be rented: □ YES □ NO

How are members of the student group selected to attend?
______________________________________________________________________________
______________________________________________________________________________

What will your student group gain from attending this conference/event? ______________
______________________________________________________________________________
______________________________________________________________________________

If Student Senate does not award the full amount requested, how will your group obtain the remainder?
______________________________________________________________________________
______________________________________________________________________________

—Complete the budget work sheet on the flip side of this form—
—Attach any supporting documentation (conference schedule, workshop list, etc.)—

All completed forms must be received by Student Life at least ninety (90) business days prior to the proposed travel date. Once reviewed by Student Life, the proposal will be forwarded to Student Senate for final approval and funding.

Student Group President Signature: ____________________________________________________________________________ Date: ___/___/___
Student Group Advisor Signature: ____________________________________________________________________________ Date: ___/___/___

FOR OFFICE USE ONLY

Date Received: ____________________________ Received By: ____________________________
Student Life Initials: ___________________ On Student Senate Agenda for: ___/___/___ Approval Email: ___/___/___
### Budget Worksheet

<table>
<thead>
<tr>
<th>Expenses*</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conference/Event Registration</td>
<td>$</td>
</tr>
<tr>
<td>Accommodations (Hotel) - Rate per night $_____ Total Rooms _____</td>
<td>$</td>
</tr>
<tr>
<td>Vehicle Rental (Enterprise) - Number of days _____</td>
<td>$</td>
</tr>
<tr>
<td>Gas and Tolls</td>
<td>$</td>
</tr>
<tr>
<td>Airfare (Round trip)</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td>$</td>
</tr>
<tr>
<td>Amount Requested to be Funded by Student Senate</td>
<td>$</td>
</tr>
</tbody>
</table>

* Please attach an itemized list for each applicable category and any other anticipated expenses

### Travel Itinerary

**Departure Date:** ___/___/___  
**Time:** ___:____  
**From:** ___________________________

**Arrival Date:** ___/___/___  
**Time:** ___:____  
**Destination:** ____________________

**Hotel Name:** ___________________________

**Address:** ___________________________

**Departure Date:** ___/___/___  
**Time:** ___:____  
**From:** ___________________________

**Arrival Date:** ___/___/___  
**Time:** ___:____  
**Destination:** ____________________