VERNON COLLEGE
STUDENT GOVERNMENT ASSOCIATION
TRAVEL ASSISTANCE FUND

GENERAL INFORMATION:

Name of Group Requesting Assistance_____

Name of Sponsor_____

Signature of person making request_____

List the name(s) of student(s) making this trip:

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Destination of travel_____

Dates covered by travel: From _____ to_____

Mode of travel: College vehicle_____ Personal vehicle_____ Other_____

Estimated expenses for travel:

Transportation costs: _____miles @ $0.35 per mile $ _____

Meals: _____people x $6 per meal x _____meal(s) $ _____

Total estimated costs: $ _____

Concise statement of purpose of travel and benefits to Vernon College _____

_____

_____

STUDENT GOVERNMENT ASSOCIATION ACTION:

Approval of Student Activities Director_____

Approval of Dean of Student Services_____

Date SGA acted on request_____

Amount awarded (maximum of $250.00 per year per organization) $ _____

UPON APPROVAL SEND COPIES TO: Sponsor, Dean of Student Services and Director of Student Activities