

# TRAVEL REQUEST

## For Space Grant University Research Interns

Name: \_\_\_\_\_

Date of Submission: \_\_\_\_\_

Dates of Travel: \_\_\_\_\_

Destination(s): \_\_\_\_\_

Mentor's Signature: \_\_\_\_\_

Justification for Travel:

**IMPORTANT: Approval from Dr. Romina King is required prior to making any purchases.**

*Do not write in this box. [FOR OFFICE USE ONLY]*

Circle One: **APPROVED**      **REJECTED**

Reviewed by: \_\_\_\_\_ on \_\_\_\_\_.

Signature: \_\_\_\_\_

**Instructions:**

1. Complete a Travel Request Form and Travel Authorization Form and e-mail a digital copy (PDF) of the completed request to Keanno Fausto (faustok9679@triton.uog.edu). Once approved by Dr. Romina King and RCUOG, you will be notified via e-mail to make your travel purchase.
2. Make your purchase after the request is approved. Payments must be made only by the participating student's own credit card, personal check, or cash to pay for the item(s).
  - a. Note: Third party purchases such as PO (purchase order), P cards, or asking an individual to pay for your items will not be reimbursed. No other exceptions!
3. After your purchase and return, please submit a Travel Clearance Form and copies of receipts via e-mail to Keanno Fausto and Marcel Higgs (higgsm@triton.uog.edu) who will process your refund.
4. Once you submit your Travel Clearance and documents, your check will be processed. Please allow 3-4 weeks for the check to be processed. You will be notified when your check is available for pick-up.

## ASSUMPTION OF RISK AND RELEASE

I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent during my travel in relation to a HSGC URI/NGSG project (e.g.-field excursion, conferences, etc.), and during transportation to and from such trips, to which I may be exposed during my enrollment during this **Spring/Fall** (circle one) \_\_\_\_\_ (indicate year) semester. I hereby agree to assume all risks and responsibilities surrounding my participation in my approved travels. Furthermore, I do for myself, my heirs, executors and administrators hereby remise, release and forever discharge the University and all of its officers, agents and employees, acting officially or otherwise, from any and all claims, demands, and actions, or cause of action, on account of damage to my personal property, or personal injury which may result from any cause during the participation of aforesaid.

IN WITNESS THEREOF, I have caused this release to be executed  
this \_\_\_\_\_ (date).

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(Signature)

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PRINT NAME

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(Co-signature of parent/guardian if student is under 18 years of age.)