



Individual Budget Request Form

Please complete this form outlining the request to be applied to your annual budget. Supporting documentation (i.e. hotel quotes, registration forms, travel costs, etc.) should be attached to support the budget request.

ORGANIZATION _____
DESTINATION _____ DATE OF EVENT _____
PURPOSE OF EVENT _____
TRIP COORDINATOR _____ CONTACT INFORMATION _____
FACULTY/STAFF MEMBER ATTENDING _____

(Funding cannot be requested to cover travel expenses for faculty/staff members)

PURPOSE OF FUNDS:

On-Campus Event _____ Off-Campus Event _____ Travel _____ Other _____

FUNDING PREVIOUSLY RECEIVED:

Students have received a Distinguished Graduate Research Fellowship:

Name _____	received \$ _____	Name _____	received \$ _____
Name _____	received \$ _____	Name _____	received \$ _____
Name _____	received \$ _____	Name _____	received \$ _____

Students have received a grant in the amount of \$ _____

Our organization is working with another Stockton department and/or club _____ and they are able to contribute \$ _____

I have fundraised for this event and rose \$ _____

Total \$ _____

ON-CAMPUS EVENTS

Type of Event _____ Anticipated Number Students _____

Speaker Fee \$ _____ Transportation Fee \$ _____ Food/Beverages \$ _____

Other \$ _____ Other Details: _____

OFF-CAMPUS EVENTS

Type of Event _____ Anticipated Number Students _____

Speaker Fee \$ _____ Transportation Fee \$ _____ Food/Beverages \$ _____

Other \$ _____ Other Details: _____

GUEST SPEAKERS: Please note this type of request requires a contract and must be submitted a minimum of 8 weeks prior to the event.

Name of Speaker/Event Title _____ **Date** _____

Speaker Fee \$ _____ Transportation Fee \$ _____ Food/Beverages \$ _____

Other (explain) _____ \$ _____

TOTAL AMOUNT REQUESTED **Total \$** _____

OTHER EVENT:

Event Details _____

Event Date _____ Event Location _____

TOTAL AMOUNT REQUESTED **Total \$** _____

TRAVEL

Number of Students Attending _____

Please provide a list of students who will be attending, their Z numbers and phone numbers on a separate sheet of paper and attach to this packet. Ensure that all waivers have been signed and are attached.

Have any of the students already been funded by GSC to attend a conference? Yes No

Travel Location _____ Anticipated Number Students _____

REGISTRATION/ENTRY FEES:

Number of Students _____ x cost per student \$ _____ Total \$ _____

Number of Students _____ x cost per student \$ _____ Total \$ _____

Number of Students _____ x cost per student \$ _____ Total \$ _____

HOTEL EXPENSES:

Name of the hotel _____

(4 students per room of the same gender identity)

Number of rooms _____ x cost per room \$ _____ x number of nights _____ Total \$ _____

Number of rooms _____ x cost per room \$ _____ x number of nights _____ Total \$ _____

TRANSPORTATION EXPENSES:

Charter Bus/Train: _____ Total \$ _____

Stockton Shuttle: _____ Total \$ _____

Tolls and Parking Fees: _____ Total \$ _____

Airfare: Number of travelers _____ x cost per ticket \$ _____ Total \$ _____

**The college discourages the use of personal vehicles for student travel.*

TOTAL AMOUNT REQUESTED FOR TRAVEL _____ \$ _____

MEAL EXPENSES:

Meals while traveling are not funded by GSC funds, but this portion should be completed to account for the full cost of travel. Do not calculate meals that are included in the cost of registration.

Breakfast(s) @ \$ _____ for _____ travelers = \$ _____

Lunch(s) @ \$ _____ for _____ travelers = \$ _____

Dinner(s) @ \$ _____ for _____ travelers = \$ _____

Total \$ _____

As a Member of Club's E-Board, I approve the request put forth against the club's budget:

E-board Members Signature _____ Date _____

As Advisor to this Organization, I have read this request and endorse this proposed activity:

Faculty Advisor Signature _____ Date _____

As Advisor to the Graduate Student Council, I have read this request and endorse this proposed activity:

Council Advisor Signature _____ Date _____



TRAVEL PROPOSAL

Date(s) of Trip: _____

Club/Organization: _____

Destination: _____

Trip Coordinator: _____

Trip Coordinator Phone/Email: _____

Below please give a brief description of the trip purpose, educational components, and how it is connected to the mission of the club:

For groups that are awarded funding for travel, the group will need to present this information to the Council upon return – In addition the group is asked to share what they have learned through an on campus presentation, applying to present at the Day of Scholarship (if the group is presenting original research), and/ or in an Argo article.

The group intends to present information regarding this travel by: _____

THE OFFICE OF STUDENT DEVELOPMENT

Extra Curricular Travel Form

Organization: _____ Travel Destination: _____
 Purpose: _____ Travel Dates: _____
 Trip Coordinator/Advisor (print): _____ Trip Coordinator/Advisor Cell #: _____
 Stu Dev Advisor's Signature: _____ Stu Dev Advisor's Contact #: _____

Student's Name	Z#	Student's Cell #	Emergency Contact Name	Relationship	Emergency Contact #	Emergency Contact Email

FAXED TO CAMPUS POLICE @ 4454 on: _____

**Membership Number is for those students that are part of an organization and the membership number would be required for registration to the event.*

Stockton University

Waiver for Participation for Persons Over 18

Location: _____

Date: _____

I, _____ (print name) have voluntarily requested permission to participate in the Stockton University (trip) _____ on _____ (date).

I have familiarized myself with the program and I believe that I am physically, medically and mentally capable of participating in such activity. If there are any medical or other concerns which might limit my participation in such event, I have advised appropriate personnel of such concerns. I am agreeing of my own free will to participate in this activity and use of any facilities or equipment associated with this event.

I have personally and willingly assumed responsibility of all known and unforeseen risks that may occur arising out my participation in this program. On behalf of myself, and any of my heirs, assigns or successors, I hereby agree to release, indemnify, defend and hold harmless Stockton University of New Jersey and its, officers, agents, servants, Board of Trustees, and employees against any damage, claim, demand, liability, judgment, loss, expense, or costs arising from participation in this event whether due to intentional acts or omissions or negligence of Stockton University or any of its employees, servants or agents or those of third parties or organizations. I acknowledge and agree on behalf of myself, my heirs, assigns or successors, that I am releasing Stockton University of New Jersey from any liabilities in law or equity, however the liability may the arise, for any injuries, fatalities, damages, losses or expenses to myself or my personal property. I agree and consent that any disputes arising out of participation in this activity and any and all claims that I may bring against the State of New Jersey and the Stockton University of New Jersey and their employees as a result of this activity shall be subject to the provisions of the laws of the State of New Jersey, particularly the New Jersey Tort Claims Act (N.J.S.A. 59:1-1 et seq.), New Jersey Contractual Liability Act, (N.J.S.A. 59:13-1 et seq.); the New Jersey Charitable Immunity Act, (N.J.S.A. 2A:53A-7 et seq.) and no other action for monetary damages or other legal or equitable relief shall be brought in any other jurisdiction other than the courts of the State of New Jersey and venued in Atlantic County, the situs of the College. I agree that should any damages arise out of my participation in this program that I am financially responsible.

I certify that I have read this release, I am at least 18 years of age and that by my signature below, I bind myself, my heirs, assigns, administrators, and executors to this agreement.

Date: _____ Signature: _____ Z#: _____

Printed Name, Address, Email, and telephone of number of participant

Name, telephone number and relationship of person traveling to notify in case of emergency

Emergency contact email address

OFFICE OF STUDENT DEVELOPMENT

Vehicle Reservation Form

Club/Organization: _____

Purpose of Trip: _____

Advisor/Trip Coordinator: _____

Destination (complete address): _____

City, State: _____

Date of Departure: _____ Pick-up Time: _____ am pm

Date of Return: _____ Drop-off Time: _____ am pm

Pick-up and Drop off point on campus: _____

Approximate number in group: _____

Stockton Pool Vehicles

Number of vehicles (limit 2): _____

_____ 7 passenger minivan

_____ 9 passenger Chevy Suburban

_____ 15 passenger van*

Driver(s)**: _____

*15 passenger vehicle drivers must complete an online defensive driving course that can be set up through Sandi Mintz in the Risk Management Office: Sandi.Mintz@stockton.edu or 609-626-3603.

**All drivers must submit a copy of their driver's license and complete the ANNUAL DRIVER'S LICENSE VERIFICATION AND SELF DISCLOSURE FORM available in the Student Development Office.

Stockton Shuttle

\$55 per hour

Chartered Bus

Contact the Graduate Student Council for a quote