



RECOGNIZED STUDENT ORGANIZATION (RSO) TRAVEL REGISTRATION

This form **MUST** be fully complete with all necessary information and signatures before the Center for Student Involvement will make travel reservations. A brochure and/or web-site for your meeting, retreat, workshop, or conference must be attached to this form.

Name of RSO _____

Name of Coordinating Traveler (must be attending Conference)

Daytime Phone _____ Cell Phone _____

Frequently used e-mail _____ Destination _____

Beginning date of event _____ Time Conference begins _____

Closing date of event _____ Time Conference ends _____

MODE OF TRANSPORTATION: Please check

- Private Car & Airplane (complete section A & B)
- Private Car Only (complete section B)
- ESU Vehicle & Airplane (complete section A & B)
- ESU Vehicle Only (complete section B)
- Other:

A. If traveling by air complete the following. You must be present for flights to be booked.

Desired departure time-frame

Please check one only:

- 6 AM – 9 AM
- 9-Noon
- Noon – 4 PM
- 4-7 PM
- 7-10 PM

Desired return time-frame

Please check one only:

- 6 AM – 9 AM
- 9-Noon
- Noon – 4 PM
- 4-7 PM
- 7-10 PM

I, _____, representing _____ (RSO) understand that every attempt will be made to secure reservations as close to the desired flight times listed above. The Center for Student Involvement staff will make the best reservations possible, which could result in flights leaving for the Conference destination as early as 6:00am and return flights leaving the Conference city as late as 10:00pm. Flight/reservation availability changes quickly therefore your flights are booked as indicated. **All reservations are FINAL. Students are NOT authorized to make changes or update reservations.** All reservations and bookings completed through the Center for Student Involvement are paid by the Associated Student Government budget, even if additional funds have been collected. **In the event, that this policy is NOT followed the responsible party will be held liable for any additional fees and charges.**

I have read, understand, and agree to these travel reservation terms.

Signature, Coordinating Traveler Date

Signature, Advisor Date

B. If traveling by ESU vehicle, rental vehicle, or private vehicle please complete the following:

LEAVE EMPORIA: Hour _____ Date _____

RETURN TO EMPORIA: Hour _____ Date _____

DRIVER(s): Please confirm the name(s) of driver(s)

_____	_____
_____	_____
_____	_____

C. Registration:

Please make sure to receive a receipt from the conference for registration. The registration can be paid by the Organizations Safekeeping account or by the individuals attending the conference. Please have a receipt showing the student name or the organization's name that paid for the registration fee. A copy of a paid check is not accepted by the State of Kansas for reimbursement. Credit card customer copy receipt are NOT acceptable. On-line email receipts are accepted.

D. Where and how can you be reached at your destination:

Name of Lodging Facility _____

Hotel Phone _____ Reservation Name _____

Primary payers for lodging: _____

**The Center for Student Involvement office will notify the Coordinating Traveler when completed vouchers are ready for signatures.

Each traveler is required to sign the ESU Liability Waiver on the reverse of this page.

Signature of Coordinating Traveler

Date

Signature of Advisor

Date

