DMSA- Student Travel Request Form

All funding requests must be submitted to Diversity & Multicultural Student Affairs at least 21 business days prior to travel. Funding request will be considered up to the amount of $150.00. Return all forms to Trumanue Lindsey in room 004D of the Student Union.

Student Organization: ____________________________________________________________

Primary person of contact: _______________________________ Phone: ____________________

Email: ___________________________________________ Event Date(s): ____________________

Title of Event: ________________________________ Location: ____________________________

Event Description (Please attach event flier, conference registrations, etc.): ____________________

Travel Requests:

How many members are attending? (Attach names/registrations on separate sheet as needed)

1.

2.

3.

4.

5.

Requesting Amount (up to $150.00): ________________

Reason for Request:

   Travel Assistance □
   Lodging Assistance □
   Registration Assistance □

Other funds raised for this trip: ______________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Updated 8-2019
Take a minute to answer the following questions

1. How does attending this event benefit the Kansas State University campus?

2. How does attending this event contribute to your personal, professional and academic growth/development?

3. If your funding request is approved, you(r) organization will be required to put together a 10 minute presentation for DMSA. This presentation is to provide DMSA with insight on how you were impacted by the experience. Is this something you(r) organization are willing to do?

Printed Name: ____________________________________________________

Signature:________________________________________________________

The Office of Diversity will need a breakdown of all of your expenses. Attach a TYPED breakdown of the total expenses of your travel request please.

To be completed by DMSA

Date Received: _____________  Request Approved or Denied (please circle)

Approved Amount: _____________

Department Head Signature: __________________________Date: _____________

Trumanue Lindsey Jr

Updated 8-2019