



For Office Use Only: Date Received: ___/___/___ Verified by: _____ <input type="checkbox"/> Risk Management Compliance Form on File <input type="checkbox"/> Registration/Renewal Form on File <input type="checkbox"/> Attended a Student Organization Training Session

**Center for Student Involvement
 Student Organization Leadership Funding
 Request for Travel**

Thank you for submitting a S.O.L.F. application to the Center for Student Involvement. We look forward to assisting your student organization. The Student Organization Leadership Fund is a great opportunity to utilize resources that not only provide items your student organization may need but also to advance student engagement and contribution to participation in ASU! S.O.L.F. exists as a tool to teach money management, communication and planning skills to students. It is the expectation that students will complete funding paperwork required for travel. The Center for Student Involvement is available to assist student organizations in making travel plans.

If you have any questions regarding these procedures, please contact
 Heather Valle, Coordinator for Student Organizations, (325) 942-2062.

Student Organization Name: _____

President: _____ CID#: _____ Phone: _____

Signature: _____ Email: _____

Student Contact, if not President

Name: _____ Email: _____

Advisor Review:

By signing below, I certify that I have reviewed and I support the following SOLF funding request.

Name: _____

Signature: _____

Phone: _____

E-mail: _____

Travel Information:

Conference/Trip Name: _____

Date, Time, and Location of Event: _____

Describe the purpose of the trip. Please include the number of students planning to travel.

On a separate paper please provide a brief overview of the two required campus events hosted to qualify for travel funding. Please include date, time and location of event hosted as well as attendance numbers.

Funding Contributed by Student Organization:

	Amount
Registration _____	\$ _____
Transportation _____	\$ _____
Lodging _____	\$ _____
Meals _____	\$ _____
Incidentals _____	\$ _____
Other expenses _____	\$ _____
Total Contribution	\$ _____

Funding Requested from SOLF:

	Amount
Transportation _____	\$ _____
Lodging _____	\$ _____
Meals _____	\$ _____
Incidentals _____	\$ _____
Other expenses _____	\$ _____
Total Requested	\$ _____

Total Expenses of Travel \$ _____



**Action Taken By Student Organization Advisory Council and the
Center for Student Involvement Staff:**

Not Approved _____

Pending _____

Approved _____

Amount: \$ _____

Vote Tally _____

Comments:

Signatures:

Coordinator for Student Organizations

Date