



CALL FOR APPLICATIONS – COLLEGE OF SCIENCE & ENGINEERING (CoSE)

Student Travel Awards

Due November 17, 2023

Dear Colleagues,

CoSE has been allocated approximately \$2,900 from the Instructionally Related Activities (IRA) travel fund to support students traveling to conferences to present their work. These funds may be used to provide partial support for travel during the **fall 2023**. (For travel during the **spring 2024** semester, we will send out a separate call for proposals in early spring, assuming IRA funds will be available).

The maximum allowable award per student is \$600.

Applications must be submitted as a **single** PDF file (attached to the end of this announcement) to our [IRA Student Travel](#) Box folder by **Friday, November 17**. Applications consist of five parts:

- A completed [Request for Approval of Student IRA Travel](#) form, signed by the student and by the department chair.
 - The faculty sponsor should be listed as the College Contact
- A [Request for Authorization to Travel](#) form with lines 1-5 **completed**, signed by the student and by the department chair.
 - **Ignore line 11**; students cannot receive travel advances
- A [Release of Liability](#) form, signed by the student.
- A brief statement indicating how participating in this conference will contribute to the student's educational goals.
- Evidence that the student is scheduled to present at the conference (e.g. a letter of acceptance or a copy of the conference program including the student's name)

If the student's presentation has not yet been accepted for the conference, please let us know by including that information in the student's statement along with the anticipated acceptance date (a rough estimate is fine). **We cannot forward the proposal for consideration by the Provost's Office until we receive confirmation that the student's contribution has been accepted.**

Students should work with their research advisors and their department chairs to assemble the required information. The rules and restrictions of the program, including banned states, are listed here:

<https://academic.sfsu.edu/process/irafunding>

We look forward to receiving your students' applications!



**San Francisco State University
Request for Approval of Student Instructionally Related Activities
Travel**

* [See IRA Guidelines](#) before filling out this application

Name: _____ Student ID: _____

Address: _____

Email: _____ Phone Number: _____

Department: _____ College Contact: _____

Destination: _____ Travel Dates: _____

Name of Conference/Meeting: _____

Roles at Conference/Meeting (must be an active participant):

- Oral Presentation
- Poster presentation
- Other (Please specify your role) _____

Note: Support documents must be submitted from conference/meeting organizer (e.g., acceptance letter or name in program)

Estimated Travel Costs:

Transportation:	_____
Lodging:	_____
Meals:	_____
Registration:	_____
Other:	_____
Total requested:	_____

I certify that the travel funding to be issued will be used for University business as stated above.

Traveler's Name: _____ Signature _____

Department Chair's Name: _____ Signature _____

Administrator's Name: _____ Signature _____

Amount recommended for travel by College Dean or Designee (up to \$600.00): _____

For Academic Affairs Use Only

Provost Designee Signature: _____ Date: _____

Approved Amount: _____



REQUEST FOR AUTHORIZATION TO TRAVEL / Travel Advance

Instructions:

- A. Complete this form and submit it to the appropriate administrator for approval prior to making reservations.
- B. If no Travel Advance is being requested, attached the completed and approved form to the travel claim upon your return. Note that all travel claims must be submitted to Accounts Payable within 60 days of the trip's end.

1. Traveler's name: _____ SFSU ID _____ Phone No: _____

2. Address: _____

3. Email: _____ Purpose of Travel: _____

4. Destination: _____ Mode of Travel: _____

5. Conference Start and End Date: _____ Departure Date: _____ Return Date: _____

6. Subsistence: _____ Day(s) x _____ at \$ _____ Per Day = _____ Total \$

7. Registration fees: _____ Airfare: _____ Lodging*: _____ Other (Specify): _____

8. Total estimated cost of trip (include direct billed airfare, hotel and/or vehicle): _____

9. ChartField to be charged: _____ Fund _____ Dept _____ Program _____ Class _____ Project _____

10. I request authorization to travel as documented above. I certify that: (1) If a motor vehicle is used, I have completed a defensive driving class and, (2) If a *private* motor vehicle is used, I have a current Form STD 261 Authorization to Use Privately Owned Vehicle on State Business on file.

Signature of Traveler _____ Date: _____

11. I request a **Travel Advance** to be used for University Business in the amount of \$ _____ (available only for international trips). Failure to substantiate expenses and return any unused cash advance amounts, the University is obligated under IRS regulations to consider such amount as income to the employee and will be reported through payroll system as additional wages to the employee.

Disposition of Travel Advance Check: _____ Mail _____ Pick Up _____

Signature of Traveler: _____ Date: _____

Dept Chair Approver: _____ Signature: _____ Date: _____

Dean/Admin Approver: _____ Signature: _____ Date: _____

Additional Approvals for Foreign Travel Risk:

Risk Management: _____ Signature: _____ Date: _____

Vice President: _____ Signature: _____ Date: _____

President: _____ Signature: _____ Date: _____

Chancellor: _____ Signature: _____ Date: _____

*Pre-Authorization For Exception to the Travel Policy (e.g. hotel rate) please use the attached form. **

**AUTHORIZATION FOR ONE-TIME EXCEPTION
TO THE TRAVEL POLICY****1. Name of the individual on whose behalf the exception is sought:****2. Nature of Exception**

Cost exceeds maximum rate by:

Other deviation from the policy (specify)

3. Justification for exception

Explain below why the higher cost or other deviation from the policy is necessary to achieve the University business purpose.

4. Provost / Vice President's Approval_____
Name_____
Title_____
Signature_____
Date



**RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity:

Activity Date(s) and Time(s): _____

Activity Location(s): _____

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California, the Trustees of The California State University, San Francisco State University, and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.



I have been informed and understand there remains a risk of exposure to COVID-19. I understand that regardless of any precautions taken, an inherent risk of exposure to COVID-19 will exist.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: _____

Participant Name (print): _____ Date: _____

If Participant is under 18 years of age

I am the parent or legal conservator/guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant’s behalf, (b) promising not to sue on my and the Participant’s behalf, (c) and assuming all risks of the Participant’s participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor’s Participant’s Parent/Guardian

Name of Minor’s Participant’s Parent/Guardian (print)

Date

Minor Participant’s Name

Minor’s Date of Birth

Traveler's Name: _____ SFSU ID _____

Statement of Participation

How will participating in this conference contribute to your educational goals?

Traveler's Name: _____ SFSU ID _____

Confirmation of Participation

Click in the space below to upload an image or document that confirms your participation in the conference as a presenter. *(Requires Adobe Acrobat)*