



OFF CAMPUS DAY TRIPS/EVENTS

Today's Date: ___ / ___ / ___ Date of Event: ___ / ___ / ___

Club Sponsoring the Event: _____

AAC Representative: _____

Name of Event: _____

Event Contact Person: _____

Name: _____

Phone: _____

E-mail: _____

Who should the check be made out to? _____

Is the check being made out to a student, professor, SA non-funded account, or other? _____

If student please include: Geneseo address _____

AND Permanent address _____

Expected Attendance: _____ Total Cost of Event: \$ _____

Amount Requesting: \$ _____

Is there an admission charge? _____ If so, how much would it be before AAC funding? \$ _____

After? \$ _____

MAKE SURE YOU INCLUDE:

- a) **Typed and detailed rationale, see instructions below**
- b) **Breakdown of Costs**
- c) **Copy of flyer or other advertisement**

How is the remainder of your event being funded?

List any other allocations the AAC has made to your organization this year:

For the use of AAC only

Received:

___ / ___ / ___ Time: _____

Reading Number:

Approved to the Agenda:

For the use of AAC only

Did you remember?

Rationale

Copy of flyer

Breakdown of costs

How have you made this event open to all majors?

Who will be present at the AAC meeting to present this reading? (If different than Representative)

Name: _____

Phone: _____

E-mail: _____

Name of Event: _____

Location: _____

Date of Departure: ____ / ____ / ____

Date of Return: ____ / ____ / ____

(If over night)

Number of Days: _____

Number of Nights: _____

of People Attending: _____

*Please list the names, class year and academic major of each person attending the trip in your rationale.

PART A. BREAKDOWN OF ANTICIPATED TOTAL COSTS:

Please list all expenses anticipated for the conference including travel, lodging, food, registration fees, supplies, etc. **Include a breakdown of prices in the rationale. PLEASE BE EXACT AS YOU CAN!**

PART B. FUNDING LIMITS FOR EXPENSE CATEGORIES

For events that involve travel, food, and lodging, the following funding limits must be followed:

1. **Transportation** (fill out only the section that applies to your request)

A. Personal Auto: Total amount of tolls (if applicable) = \$ _____

_____ X _____ X _____ = \$ _____
of miles \$0.22/mile # of cars

***Maximum is \$55 per car, per way**

B. Renting a Vehicle: Total amount of tolls (if applicable) = \$ _____

_____ X _____ X _____ = \$ _____
of miles \$0.22/mile # of cars

***Maximum is \$55 per car, per way**

C. Other (plane, bus, state vehicle etc.)

Please list costs: _____

***Maximum is \$55 per person, per way**

Maximum amount for Transportation (sum of Part A, B, and C) \$ _____

2. Meals (fill out only those sections that apply to your request)

A. Breakfast (if leaving before 8:00 A.M.)

_____ X _____ X \$ 7.00 = \$ _____
(Maximum of 3) # of people

B. Lunch

_____ X _____ X \$ 9.00 = \$ _____
(Maximum of 3) # of people

C. Dinner (if returning after 6:00 P.M.)

_____ X _____ X \$ 15.00 = \$ _____
(Maximum of 3) # of people

Maximum amount for meals (sum of parts A, B, and C) \$ _____

3. Additional Costs

Please list any additional costs

*Note: AAC may only pay for 1/2 of registration costs

Maximum amount for additional costs (as totaled from above list) \$ _____

TOTAL PART B. LIMITED EXPENSES (as totaled from Parts 1, 2, 3, and 4 above) \$ _____

PART C. TOTAL COST of ENTIRE TRIP \$ _____

AAC may allocate no more than a certain percentage of total costs. This percentage is determined by the total cost of the trip. Refer to the chart below to determine which percentage category your over night trip falls.

Estimated total conference costs
(from PART A)

Maximum percentage of total
conference costs that may be

