

TRAVEL REQUEST

For Space Grant University Research Interns

Name: _____

Date of Submission: _____

Dates of Travel: _____

Destination(s): _____

Justification for Travel:

IMPORTANT: Approval from Ms. Marcia Rei Nii (Mars) or Dr. Peter Englert is required prior to making any purchases.

Do not write in this box. [FOR OFFICE USE ONLY]

Circle One: APPROVED REJECTED

Reviewed by: _____ on _____.

Signature: _____

INSTRUCTIONS

- Step 1: Complete a Travel Request Form and e-mail a digital copy (PDF) of the completed request to HSGC (hsgc@higp.hawaii.edu). Once approved, you will be notified by Mars (mars@higp.hawaii.edu) or Peter Englert (peter@higp.hawaii.edu) via email to make your travel purchase.
- Step 2: Make your purchase after the request is approved. Payments must be made only by the participating student's own credit card, personal check, or cash to pay for the item(s).
NOTE: Third party purchases such as PO (purchase order), P cards, or asking an individual to pay for your items will not be reimbursed. No other exceptions!
- Step 3: Please submit copies of receipts via e-mail to Mars who will process your refund. Please hold on to your original receipt(s) for tax purposes.

IMPORTANT: If you have signed up to receive stipend checks via direct deposit, please allow a week for your reimbursement to appear in your bank account. Otherwise, checks will be mailed directly to your home address as indicated on your WH-1 form.

ASSUMPTION OF RISK AND RELEASE

I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent during my travel in relation to a HSGC URI project (e.g.-field excursion, conferences, etc.), and during transportation to and from such trips, to which I may be exposed during my enrollment during this **Spring/Fall** (circle one) _____ (indicate year) semester. I hereby agree to assume all risks and responsibilities surrounding my participation in my approved travels. Furthermore, I do for myself, my heirs, executors and administrators hereby remise, release and forever discharge the University and all of its officers, agents and employees, acting officially or otherwise, from any and all claims, demands, and actions, or cause of action, on account of damage to my personal property, or personal injury which may result from any cause during the participation of aforesaid.

IN WITNESS THEREOF, I have caused this release to be executed this _____ **(date)**.

(Signature)

PRINT NAME

(Co-signature of parent/guardian if student is under 18 years of age.)