

# TRAVEL REQUEST For Space Grant Fellows

<ul style="list-style-type: none"><li>• Name: _____</li></ul>	<ul style="list-style-type: none"><li>Date of Submission: _____</li></ul>
<ul style="list-style-type: none"><li>• Dates of Travel: _____</li></ul>	
<ul style="list-style-type: none"><li>• Destination(s): _____</li></ul>	
<ul style="list-style-type: none"><li>• Justification for Travel:</li></ul>	
<ul style="list-style-type: none"><li>• Vendor: _____</li></ul>	
<ul style="list-style-type: none"><li>• Total Cost: \$ _____</li></ul>	

**IMPORTANT: Approval from Ed Scott is required prior to making any purchases.**

<p><i>Do not write in this box. [FOR OFFICE USE ONLY]</i></p>
<p><b>Circle One: APPROVED      REJECTED</b></p>
<p><b>Reviewed by:</b> _____ <b>on</b> _____.</p>
<p><b>Signature:</b> _____</p>

## INSTRUCTIONS

Step 1: Complete a Travel Request Form, and either deliver or e-mail the form to Ed Scott (escott@higp.hawaii.edu) and copy Kara Tanaka (hsgc@higp.hawaii.edu) for review.

Once approved, you will be notified via e-mail to make your 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 their item(s).

NOTE: Purchases made with PO's (purchase orders), P cards, or third party purchases will not be reimbursed. No other exceptions!

Step 3: Submit copies of receipts to Kara Tanaka who will process a reimbursement check. You will be notified when the check is available for pick up (for UH Hilo Recipients, we'll send your check to Dr. Hon for distribution).

<p><b>NOTE: After supplies have been purchased, please submit a copy of your receipt(s) to Kara Tanaka in POST 501A or via e-mail at <a href="mailto:hsgc@higp.hawaii.edu">hsgc@higp.hawaii.edu</a> to process a refund check. Please hold on to your original receipt(s) for tax purposes.</b></p>
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## **ASSUMPTION OF RISK AND RELEASE**

I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent in class field trips, and during transportation to and from such trips, to which I may be exposed during my enrollment during this **Spring/Fall** (check one) \_\_\_\_\_ (indicate year) semester, do I hereby agree to assume all risks and responsibilities surrounding my participation in such field trips or any independent research undertaken as an adjunct thereto; 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 cause this release to be executed this \_\_\_\_\_  
**(date).**

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**(Signature)**

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**PRINT NAME**

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