TRAVEL REQUEST
For Space Grant University Research Interns

- Name: _______________________________ Date of Submission: __________________
- Dates of Travel: __________________________
- Destination(s): ____________________________________________________________
- Justification for Travel: 

- Vendor: ________________________________
- Total Cost: $__________________

**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 either deliver a hard copy print out to the HSGC Office, POST 501 (UHM recipients only) or e-mail a digital copy (PDF) of the completed supply 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 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: 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 an HSGC Staff in POST 501 (UHM recipients only) or e-mail directly to Mars who will process your refund. Please hold on to your original receipt(s) for tax purposes You will be notified when the check is available for pick up.

For UH Hilo recipients, we’ll send your check(s) to Dr. Hon for distribution.
For UOG recipients, we’ll send your check(s) to Dr. King for distribution.
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 (circle 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).

_______________________________________________________
(Signature)

_______________________________________________________
PRINT NAME

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