

Domestic Travel

Please contact me at your earliest convenience when you are ready to make arrangements for your travel needs. All processing of paperwork will be handled out of the Political Science and History department.

The below documents must be filled out as soon as possible. Please see each document and fill out completely. If you have any questions for accounting codes I can give you the correct information.

- **Travel Authorization (Section 1) – Approval needed from Dr. Stadelmann**
- **Budget Document/Meal & Hotel Allowance Form (Section 2)- Approval needed from Dr. Stadelmann**
- **Travel Reimbursement Form (Section 3) - Approval needed from Dr. Stadelmann**
- **Student Affairs Travel Paperwork (Section 4) – Approval needed from Dr. Stadelmann (if students are traveling)**

The following rules must be followed, any exceptions require advance notice and approval from Financial Services.

1. If using a corporate travel card to pay for any expenditures please do not charge tips or alcohol. I only mention this because this has happened and I have had to ask faculty to reimburse me in the past.
2. If you have a student traveling alone, we will not be able to pay for their transportation cost. We will only pay for their hotel and registration fees.
3. We do not pay student membership fees.
4. Fill out all paperwork promptly. If you do not have an exact list of the students traveling we can still move forward with most of the paperwork. However, I do need a complete list of the students traveling.
5. Faculty travel funds do reimburse meals & lodging if they stay under the daily allowance. If a faculty member goes over the daily allowance you will be asked to reimburse the university the difference. This is a state requirement and must be followed.
6. Our department policy states that student travel funds will **not** pay for food. Allowable expenses are: registration, hotel, parking, rental car and gasoline for rental.
7. The university requires that a rental vehicle is always used when traveling or they may fly whichever is less expensive.
8. Do not wait until the last minute to register yourself or students, so often we have lost funds that could have been better utilized if we registered your students using “Early Bird Registration.”
9. If for some reason this trip is cancelled please contact me immediately.
10. Please return all ITEMIZED receipts within 7 days of travel.
11. Fill out all required paperwork in a timely manner.

Section 1:

Travel Authorization

- Prior to travel, approval for all university business travel is required for absences from the campus (or other designated headquarters) whether or not there is a cost to the university.
- A request for travel should be completed by the faculty member and approved by the immediate supervisor. The form should state the traveler's name, dates of travel, destination, purpose and benefit of travel, and the account to be charged for travel expenses.
- Appropriate arrangements for disposition of duties must be made in advance of the travel. If classes are to be missed, a qualified member of the instructional staff shall be identified and included in the notes section. Under normal circumstances, classes should not be rescheduled.
- Example form & original form located on next two pages.

- Registration Confirmed
- Airfare Booked
- Rental Confirmed
- Lodging Confirmed

TA #: ADMIN FILLS

EXAMPLE
UNIVERSITY OF TEXAS AT TYLER
REQUEST FOR TRAVEL

DATE: 6/25/15

EID #: ADMIN FILLS

Source of funding Cost Center(s): ADMIN FILL

Name: Misty Butler

Dept.: Political Science

Travel Dates: Beg: 7/1/2015 Est. Departure Time: 8:00am Ends: 7/5/15 Est. Return Time: 9:00pm

Destination: New Orleans, LA If Washington, DC-addl form required

Mode of Transportation: _____

Preferred Departure Airport: Tyler Pounds / DFW / Longview-Gregg County / Shreveport / Other

Purpose of Travel: (detail) Attend Meeting + Present paper

Specific Benefit To UT Tyler: Accomplish research objectives

Budget: (See Define Allocation Table) **ESTIMATE OF WHAT YOU HOPE TO SPEND**

	(Encumber)	(Cost Center)
Transportation: <u>Rental car \$200.00</u>	()	_____
Lodging: State Rate () <u>89.00/night</u>	<u>\$356.00</u>	()
Meals: Per Diem () <u>50.00/day</u>	<u>\$250.00</u>	()
Registration: <u>200 registration costs</u>	()	_____
Other: _____	()	_____
Total: <u>\$1,006</u>		

No Cost to UT Tyler

Circle/underline/bold the **HEADING(S)** that best summarizes your travel activity for **EACH CATEGORY**.

- Purpose:
- 01 Attend meeting, conference, etc.
 - 02 Conduct lecture or teach course.
 - 03 Perform research activities
 - 04 Participate or officiate in an event.
 - 05 Recruit prospective employee or student
 - 06 Site or field visit.
 - 07 Serve as expert witness
 - 08 Present original research paper.
 - 09 Fundraising.
 - 10 Negotiate a contract.
 - 11 Prospective Employee
 - 99 Other (Specify).

- List of Benefits to UT Tyler:
- 01 Help accomplish research objectives.
 - 02 Help fulfill contract provisions.
 - 03 Enhance grad/undergrad curriculum.
 - 04 Enhance performance of job duties.
 - 05 Enhance University operations.
 - 06 Enhance reputation of the University.
 - 07 Raise funds for faculty / student support.
 - 99 Other - List specific benefits to UT Tyler _____

- Disposition of Duties:
- 01 No class missed.
 - 02 Duties assumed by colleagues or staff.
 - 03 Duties required travel.
 - 04 Duties held until return.
 - 99 Other _____

- Purpose for Washington DC Travel: (requires additional approvals)
- +1 Federal Congressional Testimony.
 - +2 Federal Congressional visit.
 - +3 Agency visit (general)
 - +4 Agency visit (grant follow-up)
 - +5 Public interest group or professional association
 - 99 Other _____
- OSFR Form Completed

Misty Butler 6-25-14
Employee/Student Signature Date

Budget Authority Signature Date

TA #: _____

DATE: _____

**UNIVERSITY OF TEXAS AT TYLER
 REQUEST FOR TRAVEL**

EID #: _____

Source of funding
 Cost Center(s): _____

Name: _____ Dept.: _____

Travel Dates: Beg: _____ Est. Departure Time: _____ Ends: _____ Est. Return Time: _____

Destination: _____ If Washington, DC-addl form required
 (Airline / Rental Car / Personal Car / Other)

Mode of Transportation: _____

Preferred Departure Airport: Tyler Pounds / DFW / Longview-Gregg County / Shreveport / Other

Purpose of Travel: (detail) _____

Specific Benefit To UT Tyler: _____

Budget: (See Define Allocation Table)	(Encumber)	(Cost Center)
Transportation: _____	()	_____
Lodging: State Rate () _____	()	_____
Meals: Per Diem () _____	()	_____
Registration: _____	()	_____
Other: _____	()	_____
Total: _____	()	_____

No Cost to UT Tyler If utilizing more than one funding source list account # by allocation \$

Circle/underline/bold the **HEADING(S)** that best summarizes your travel activity for EACH CATEGORY.

Purpose:

- | | | |
|--|-------------------------------------|--------------------------|
| 01 Attend meeting, conference, etc. | 06 Site or field visit | 11 Prospective Employee |
| 02 Conduct lecture or teach course. | 07 Serve as expert witness | 99 Other (Specify) _____ |
| 03 Perform research activities | 08 Present original research paper. | _____ |
| 04 Participate or officiate in an event. | 09 Fundraising | _____ |
| 05 Recruit prospective employee or student | 10 Negotiate a contract. | |

List of Benefits to UT Tyler:

- | | |
|---|---|
| 01 Help accomplish research objectives. | 05 Enhance University operations. |
| 02 Help fulfill contract provisions. | 06 Enhance reputation of the University. |
| 03 Enhance grad/undergrad curriculum. | 07 Raise funds for faculty / student support. |
| 04 Enhance performance of job duties. | 99 Other - List specific benefits to UT Tyler _____ |

Disposition of Duties:

- | | |
|---|------------------------------|
| 01 No class missed. | 04 Duties held until return. |
| 02 Duties assumed by colleagues or staff. | 99 Other _____ |
| 03 Duties required travel. | |

Purpose for Washington DC Travel: (requires additional approvals)

- | | |
|--|--|
| +1 Federal Congressional Testimony. | <input type="checkbox"/> OSFR Form Completed |
| +2 Federal Congressional visit. | |
| +3 Agency visit (general) | |
| +4 Agency visit (grant follow-up) | |
| +5 Public interest group or professional association | |
| 99 Other _____ | |

Employee/Student Signature _____ Date _____

Budget Authority Signature _____ Date _____

Section 2:

Budget Document/Meal & Hotel Allowance

The budget document for travel allowance, shows the cost of the daily allowance for meal & lodging per location of travel. I will give you the form and we can work together to ensure we stay under the daily limit.

A state employee may claim less than the maximum meal reimbursement rate for a duty point and use the amount of the reduction to increase the maximum lodging reimbursement rate for the duty point. This is allowable for in-state and out-of-state travel.

Example: Gloria is a state employee who is planning to travel to Florida for a business meeting. The maximum lodging rate for Florida at the time is \$100 per day and the maximum meal reimbursement rate is \$45 per day. Gloria finds a hotel very close to where her business meeting is being held, but the hotel charges \$110 per night. Gloria decides that she would like to reduce her meal reimbursement from \$45 to \$35 so that she can use the \$10 reduction to stay in the convenient hotel.

I will fill out this form and the faculty member will review and sign the form prior to travel. See example and original form on next two pages.

Meals

- Meals are reimbursable up to the daily maximum set forth by the comptroller, not to exceed actual expenses. The travel reimbursement rate is not a per diem. Receipts are required.
- Meals are only reimbursed for overnight travel.

Lodging

- Lodging is reimbursable up to the daily maximum set forth by the comptroller per night and is limited to actual expenses based on receipts.
- For in-state travel, a [Texas Hotel Exemption Certificate](#) must be provided to the lodging establishment at check-in.
- For employees sharing a room: **Each employee must submit a travel voucher for reimbursement of his or her share.** The lodging establishment will split the bill if the request is made at the time of the room reservation. Make sure every faculty/staff member staying in that hotel room is listed.
- Travelers can use state comptroller [Contracted Hotels](#) or a hotel of choice as long as the lodging rates comply with state comptroller lodging rate guidelines. Management encourages the use of discounted rates available through the [State Purchasing Website](#).

Texas Hotel Occupancy Tax Exemption Certificate

Provide completed certificate to hotel to claim exemption from hotel tax. Hotel operators should request a photo ID, business card or other document to verify a guest's affiliation with the exempt entity. Employees of exempt entities traveling on official business can pay in any manner. For non-employees to be exempt, the exempt entity must provide a completed certificate and pay the hotel with its funds (e.g., exempt entity check, credit card or direct billing). This certificate does not need a number to be valid.

Name of exempt entity University of Texas at Tyler	Exempt entity status (Religious, charitable, educational, governmental) Education - University
Address of exempt organization (Street and number) 3900 University Blvd BUS 221	
City, State, ZIP code Tyler, Texas 75799	

Guest certification: I declare that I am an occupant of this hotel on official business sanctioned by the exempt organization named above and that all information shown on this document is true and correct. I further understand that it is a criminal offense to issue an exemption certificate to a hotel that I know will be used in a manner that does not qualify for the exemptions found in the hotel occupancy tax and other laws. The offense may range from a Class C misdemeanor to a felony of the second degree.

Guest name (Type or print) Misty Butler	Hotel name Days Inn New Orleans, LA
Guest signature <i>Misty Butler</i>	Date 6/25/15

Exemption claimed

Check the box for the exemption claimed. See Rule 3.161: Definitions, Exemptions, and Exemption Certificate.

- United States Federal Agencies or Foreign Diplomats.** Details of this exemption category are on back of form. This category is exempt from state and local hotel tax.
- Texas State Government Officials and Employees.** (An individual must present a Hotel Tax Exemption Photo ID Card). Details of this exemption category are on back of form. This limited category is exempt from state and local hotel tax. Note: State agencies and city, county or other local government entities and officials or employees are not exempt from state or local hotel tax, even when traveling on official business.
- Charitable Entities.** (Comptroller-issued letter of exemption required.) Details of this exemption category are on back of form. This category is exempt from state hotel tax, but not local hotel tax.
- Educational Entities.** Details of this exemption category are on back of form. This category is exempt from state hotel tax, but not local hotel tax.
- Religious Entities.** (Comptroller-issued letter of exemption required.) Details of this exemption category are on back of form. This category is exempt from state hotel tax, but not local hotel tax.
- Exempt by Other Federal or State Law.** Details of this exemption category are on back of form. This category is exempt from state and local hotel tax.

Permanent Resident Exemption (30 consecutive days): An exemption certificate is not required for the permanent resident exemption. A permanent resident is exempt the day the guest has given written notice or reserves a room for at least 30 consecutive days and the guest stays for 30 consecutive days, beginning on the reservation date. Otherwise, a permanent resident is exempt on the 31st consecutive day of the stay and is not entitled to a tax refund on the first 30 days. Any interruption in the resident's right to occupy a room voids the exemption. A permanent resident is exempt from state and local hotel tax.

Hotels should keep all records, including completed exemption certificates, for four years.

Do NOT send this form to the Comptroller of Public Accounts.

Texas Hotel Occupancy Tax Exemptions

See Rule 3.161: *Definitions, Exemptions, and Exemption Certificate* for additional information.

United States Federal Agencies or Foreign Diplomats (exempt from state *and* local hotel tax)

This exemption category includes the following:

- the United States federal government, its agencies and departments, including branches of the military, federal credit unions, and their employees traveling on official business;
- rooms paid by vouchers issued by the American Red Cross and the Federal Emergency Management Agency; and
- foreign diplomats who present a Tax Exemption Card issued by the U.S. Department of State, unless the card specifically excludes hotel occupancy tax.

Federal government contractors are *not* exempt.

Texas State Government Officials and Employees (exempt from state *and* local hotel tax)

This exemption category includes only Texas state officials or employees who present a Hotel Tax Exemption Photo Identification Card. State employees without a Hotel Tax Exemption Photo Identification Card and Texas state agencies are *not* exempt. (The state employee must pay hotel tax, but their state agency can apply for a refund.)

Charitable Entities (exempt from state hotel tax, but *not* local hotel tax)

This exemption category includes entities that have been issued a letter of tax exemption as a charitable organization and their employees traveling on official business. *See website referenced below.*

A charitable entity devotes all or substantially all of its activities to the alleviation of poverty, disease, pain and suffering by providing food, clothing, medicine, medical treatment, shelter or psychological counseling *directly* to indigent or similarly deserving members of society.

Not all 501(c)(3) or nonprofit organizations qualify under this category.

Educational Entities (exempt from state hotel tax, but *not* local hotel tax)

This exemption category includes in-state and out-of-state school districts, private or public elementary, middle and high schools, Texas Regional Education Service Centers and Texas institutions of higher education (*see Texas Education Code Section 61.003*) and their employees traveling on official business.

A letter of tax exemption from the Comptroller of Public Accounts as an educational organization is not required, but an educational organization might have one.

Out-of-state colleges and universities are *not* exempt.

Religious Organizations (exempt from state hotel tax, but *not* local hotel tax)

This exemption category includes nonprofit churches and their guiding or governing bodies that have been issued a letter of tax exemption from the Comptroller of Public Accounts as a religious organization and their employees traveling on official business. *See website referenced below.*

Exempt by Other Federal or State Law (exempt from state *and* local hotel tax)

This exemption category includes the following:

- entities exempted by other federal law, such as federal land banks and federal land credit associations and their employees traveling on official business; and
- Texas entities exempted by other state law that have been issued a letter of tax exemption from the Comptroller of Public Accounts and their employees traveling on official business. *See website referenced below.* These entities include the following:
 - nonprofit electric and telephone cooperatives,
 - housing authorities,
 - housing finance corporations,
 - public facility corporations,
 - health facilities development corporations,
 - cultural education facilities finance corporations, and
 - major sporting event local organizing committees.

For Exemption Information

A list of charitable, educational, religious and other organizations that have been issued a letter of exemption is online at www.window.state.tx.us/taxinfo/exempt/exempt_search.html. Other information about Texas tax exemptions, including applications, is online at www.window.state.tx.us/taxinfo/exempt/index.html. For questions about exemptions, call 1-800-252-1385.

Daily Allowance Agreement

Name: <i>Misty Butler</i>	Date: <i>11-25-14</i>
Conference Name: <i>Administrative Professionals Conference</i>	
Location: <i>New Orleans, LA</i>	
Travel Costs	Sources of Funding
Transportation - Airfare: <i>\$0</i>	Paid by applicant: \$ <i>154.50</i>
Ground Trans: <i>\$171.50</i> \$ <i>34.30/day</i>	
Hotel Allowance: <i>\$428</i> \$ <i>107/day</i>	Amount paid by department: \$ <i>1000.00</i>
Meal Allowance: <i>\$355</i> \$ <i>71/day</i>	
Registration \$ <i>200.00</i>	Other sources: \$ <i>0</i>
Total estimated expenditures \$ <i>1154.50</i>	Total \$ <i>1154.50</i>

Signatures:

Applicant: <i>Misty Butler</i>	Chair (certifies or adjusts the amount indicated above):
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- 1) Please note if you spend over the amount listed in the daily allowance for meals and hotel, you will be responsible for reimbursing the University the overage.
- 2) By signing this document you are agreeing that you will not be including tips or alcohol for reimbursement.
- 3) Please submit all ITEMIZED receipts 7 days after returning from travel.

EXAMPLE

Search

GSA U.S. General Services Administration

Home > [Policy & Regulations](#) > [Travel and Relocation Policy](#) > [Per Diem](#) > [Per Diem Rates](#) >

FY 2015 Per Diem Rates for New Orleans, Louisiana

(October 2014 - September 2015)

SEARCH BY CITY, STATE OR ZIP CODE

Enter your City
new orleans

OR

Enter your ZIP Code

Louisiana

FIND PER DIEM RATES

[Per Diem Map >](#)

ADDITIONAL PER DIEM TOPICS

[Meals & Incidental Expenses Breakdown \(M&IE\) FAQs](#)

[State Tax Exemption Forms](#)

[Factors Influencing Lodging Rates](#)

[FY 2014 Per Diem Highlights](#)

[Fire Safe Hotels](#)

[Have a Per diem Question?](#)

[Downloadable Per Diem Files](#)

Cities not appearing below may be located within a county for which rates are listed.

To determine what county a city is located in, visit the [National Association of Counties \(NACO\) website \(a non-federal website\)](#).

The following rates apply for New Orleans , Louisiana

Max lodging by Month (excluding taxes)

Primary Destination* (1)	2015												Meals & Inc. Exp.**
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
New Orleans	154	154	154	151	151	151	151	151	151	107	107	107	71
Orleans / St. Bernard / Jefferson / Plaquemine Parishes	154	154	154	151	151	151	151	151	151	107	107	107	71

* NOTE: Traveler reimbursement is based on the location of the work activities and not the accommodations, unless lodging is not available at the work activity, then the agency may authorize the rate where lodging is obtained.

** Meals and Incidental Expenses, see [Breakdown of M&IE Expenses](#) for important information on first and last days of travel.



[Show nearest locations](#)

Pick a Vehicle:
7 of 10 Vehicle Classes to choose from.

Reservation Summary
40% Complete

Vehicle Class Description Price Quote

Additional surcharges, local taxes, etc. may apply.

Special Section

UT AT TYLER

Location Details [change](#)

Pick Up Location

3221-A SSW LOOP 323
TYLER, TX 75701-9204
Tel.: (903) 581-8998
[We'll Pick You Up.](#)TM

Dates & Times [change](#)

Pick Up

Jun 26, 2015 @ Noon

Return

Jun 27, 2015 @ Noon

Vehicle Class

(not yet chosen)

Renter's Information

(not yet entered)

Method of Payment

Pay Later








Payment Details

(not yet chosen)

[Start over](#)

*Company Preferred

(Vehicle class selected by your company in highlighted rows)

Economy	 see details	Kia Rio or similar	Best Price \$ 31.36 USD / day \$ 32.80 USD Total see details	Select
Compact	 see details	Nissan Versa Note or similar	Best Price \$ 32.34 USD / day \$ 33.78 USD Total see details	Select
Intermediate	 see details	Toyota Corolla or similar	Best Price \$ 34.30 USD / day \$ 35.74 USD Total see details	Select
* Standard	 see details	Volkswagen Jetta or similar	Best Price \$ 34.30 USD / day \$ 35.74 USD Total see details	Select
Full Size	 see details	Ford Fusion or similar	Best Price \$ 36.75-USD / day \$ 38.19 USD Total see details	Select
Minivan	 see details	Dodge Grand Caravan or similar	Sold Out	Check availability at other locations
Intermediate SUV	 see details	Toyota Rav4 or similar	Best Price \$ 53.90 USD / day \$ 55.34 USD Total see details	Select

Texas Hotel Occupancy Tax Exemption Certificate

Provide completed certificate to hotel to claim exemption from hotel tax. Hotel operators should request a photo ID, business card or other document to verify a guest's affiliation with the exempt entity. Employees of exempt entities traveling on official business can pay in any manner. For non-employees to be exempt, the exempt entity must provide a completed certificate and pay the hotel with its funds (e.g., exempt entity check, credit card or direct billing). This certificate does not need a number to be valid.

Name of exempt entity	Exempt entity status (Religious, charitable, educational, governmental)
Address of exempt organization (Street and number)	
City, State, ZIP code	

Guest certification: I declare that I am an occupant of this hotel on official business sanctioned by the exempt organization named above and that all information shown on this document is true and correct. I further understand that it is a criminal offense to issue an exemption certificate to a hotel that I know will be used in a manner that does not qualify for the exemptions found in the hotel occupancy tax and other laws. The offense may range from a Class C misdemeanor to a felony of the second degree.

Guest name (Type or print)	Hotel name
Guest signature	Date

sign here ▶

Exemption claimed

Check the box for the exemption claimed. See Rule 3.161: Definitions, Exemptions, and Exemption Certificate.

- United States Federal Agencies or Foreign Diplomats.** Details of this exemption category are on back of form. This category is exempt from state and local hotel tax.
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 - housing finance corporations,
 - public facility corporations,
 - health facilities development corporations,
 - cultural education facilities finance corporations, and
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Daily Allowance Agreement

Name:	Date:
Conference Name	
Location:	
Travel Costs	Sources of Funding
Transportation - Airfare: \$	Paid by applicant: \$
Ground Trans: \$	
Hotel Allowance \$	Amount paid by department: \$
Meal Allowance: \$	
Registration \$	Other sources: \$
Total estimated expenditures \$	Total \$

Signatures:

Applicant:	Chair (certifies or adjusts the amount indicated above):
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- 1) Please note if you spend over the amount listed in the daily allowance for meals and hotel, you will be responsible for reimbursing the University the overage.
- 2) By signing this document you are agreeing that you will not be including tips or alcohol for reimbursement.
- 3) Please submit all ITEMIZED receipts 7 days after returning from travel.

Section 3:

Travel Reimbursement Form

- When returning from a trip all receipts must be attached to a completed travel reimbursement form.
- This form must be filled out (including time of departure and return), please get appropriate signatures and turn in to me so I can process the reimbursement within seven (7) days after your return date.
- Please keep in mind that if you or your student(s) are traveling in the state of Texas please use the Hotel Tax Exemption form attached. This must be presented at time of check-in. We are not able to reimburse Texas State Hotel taxes. This form is on page 3 of this section.
- If using a corporate travel card and you are charged for hotel state taxes you will be required to reimburse the university for any unauthorized charges.
- Please get itemized copies of all receipts. If charging meals to room when checking out PLEASE get itemized receipts as well.
- See example and original form on the next two pages.

Travel Reimbursement Request Form
The University of Texas at Tyler

Payee: Misty Butler
 UT EID: 5000020843
 Departure Date/Time: 7/1/2015 8:00am
 Account: 31001174

RTA #: 0000120843
 Dept.: Political Science
 Return Date/Time: 7/5/2015 9:00pm
 Destination: New Orleans, LA

Purpose of Travel: Attend conference.

Meals & Lodging

Date	Meals	Lodging	Daily Total for Meals & Lodging
7-1-15	59.00	98	157.00
7-2-15	42.00	98	140.00
7-3-15	42.00	98	140.00
7-4-15	18.00	98	116.00
7-5-15	47.00		47.00
(1) Total Meals and Lodging – attach lodging receipts			\$ 620.00

Transportation Costs

Type (airfare, auto, bus, taxi)	Point-to-Point Itemization		Personal Car Mileage	Mileage Reimb. @ 56.5 cents	Fares Paid	Daily Total for Mileage & Fares
	From	To				
				0.00		0.00
				0.00		0.00
				0.00		0.00
				0.00		0.00
				0.00		0.00
(1) Total Transportation Costs – attach fare receipts						0.00

Incidental Expenses

Description	Amount	
Rental car	171.50	
Hotel Taxes	29.43	
Gas	27.56	
Parking	25.00	
(3) Total Incidental Expenses – attach receipts		253.49

Total Reimbursement Requested \$ ~~0.00~~

Direct Billed Expenses (For Informational Purposes Only):
 Airfare \$ _____
 Rental Car \$ _____
 Other Direct Billed Items \$ _____

873.49

I certify that the expense account above is true, correct and unpaid.

Misty Butler 7-5-2015
 Employee Signature Date

Approval Signature _____ Date _____

Travel Reimbursement Request Form
The University of Texas at Tyler

Payee: _____ RTA #: _____

UT EID: _____ Dept: _____

Departure Date/Time: _____ Return Date/Time: _____

Account _____ Destination _____

Purpose of Travel: _____

Meals & Lodging

Date	Meals	Lodging	Daily Total for Meals & Lodging
(1) Total Meals and Lodging – attach lodging receipts			

Transportation Costs

Type (airfare, auto, bus, taxi)	Point-to-Point Itemization		Personal Car Mileage	Mileage Reimb. @ 56.5 cents	Fares Paid	Daily Total for Mileage & Fares
	From	To				
				0.00		0.00
				0.00		0.00
				0.00		0.00
				0.00		0.00
				0.00		0.00
(1) Total Transportation Costs – attach fare receipts						0.00

Incidental Expenses

Description	Amount
(3) Total Incidental Expenses-- attach receipts	

Total Reimbursement Requested \$ 0.00

Direct Billed Expenses (For Informational Purposes Only):

Airfare \$ _____
Rental Car \$ _____
Other Direct Billed Items \$ _____

I certify that the expense account above is true, correct and unpaid.

Employee Signature Date

Approval Signature Date

Section 4:

Student Affairs Travel Paperwork

Student Affairs requires that all students travelling 25 miles or farther from UT Tyler the following forms must be filled out prior to travel. The forms below must be completed for student travel 45 days in advance.

<http://www.uttyler.edu/mopp/documents/13StudentTravelPolicy.pdf>

Appendix A – GROUP/TEAM TRAVEL AUTHORIZATION REQUEST FORM *

Appendix B - GROUP TRAVEL TRIP INFORMATION FORM **

Appendix C - RELEASE AND INDEMNIFICATION AGREEMENT – ADULT STUDENT

Appendix D - RELEASE AND INDEMNIFICATION AGREEMENT - Parental Permission Agreement (a minor student)

Appendix E - EMERGENCY INFORMATION/CONTACT FORM – ALL STUDENTS AND FACULTY

Appendix F - PARTICIPANT RESPONSIBILITY FORM – ALL STUDENTS AND FACULTY

Appendix G - OFF-CAMPUS TRAVEL ACTIVITY CHECKLIST AND EMERGENCY AND CRISIS RESPONSE PLAN

Appendix I - RELEASE AND INDEMNIFICATION AGREEMENT – ADULT FACULTY

- PLEASE NOTE: Appendix A must be filled out as soon as possible and sent to me so I can make copies and send the original to Student Affairs for approval.
- Please fill out Appendix B at your first meeting with the students and get this to me as soon as possible so I can make a copy and send the original to Student Affairs.
- Please remember that university policy requires prior approval for all travel.

Appendix A

GROUP/TEAM TRAVEL AUTHORIZATION REQUEST FORM

DOMESTIC travel: Completed form due in the Office of Student Affairs two weeks prior to departure.

INTERNATIONAL travel: Completed form due in the Office of International Programs 30 days prior to departure.

RUO: Misty Butler Title: Admin Assistant
 Department: Political Science Supervisor: Marcus Stadelmann
 Depart Date: 7-1-15 Return Date: 7-5-15
 RUO Cell Phone Number: 832-891-8793 RUO Email: mistybutler@uttyler.edu
 Event Name: Professional Conference
 Event Destination: New Orleans, LA
 Purpose of Travel: Attend conference.
 Mode of Transportation: Rental Car Van Bus Airline Other: _____
Provide the number of each type of vehicle

LIST DETAILED ITINERARY BELOW (OR ATTACH)

Date	From	To	Depart Time	Arrive Time	Airline/Flight # (if applicable)
7-1-15	Tyler, TX	New Orleans, LA	8:00am	5:00pm	n/a
7-5-15	New Orleans, LA	Tyler, TX	8:00am	5:00pm	n/a

This section to be completed by Intercollegiate Athletics only: (List Estimated Costs)

Cost Center: _____ Departure Date/Time: _____ Return Date/Time: _____

Vehicle Rental Type : _____ Cost per trip + Fuel Expense (if known) = _____

Team Lodging : Room Rate [] x # days [] x # rooms [] = _____

Per diem per athlete (meals) : [] x # athletes [] x # days [] = _____

Coach Lodging: Room Rate [] x # days [] x # coaches [] = _____

Coach Per Diem: [] x # days [] x # coaches [] = _____

Bus Driver Lodging: Room Rate [] x # days [] = _____

TOTAL ESTIMATED EXPENSES: []

RUO Signature: Misty Butler Date: 6-25-14

 Chief Student Affairs Officer/OIP Exec Director Approval

Appendix B
GROUP TRAVEL TRIP INFORMATION FORM

DOMESTIC travel: Completed form due in the Office of Student Affairs 1 week prior to departure.
INTERNATIONAL travel: Completed form due in the Office of International Programs 2 weeks prior to depart.

EVENT GROUP NAME: Political Science Students
 RUO: Misty Butler
 RUO CELL PHONE: 832-891-8930 RUO EMAIL: mistybutler@uttyler.edu
 DATES OF TRAVEL: 7-1-2015 / 7-5-2015
 CERTIFIED DRIVERS (IF APPLICABLE): Misty Butler
 HOTEL OR OTHER ACCOMMODATIONS NAME: Days INN
 HOTEL OR OTHER ACCOMMODATIONS ADDRESS: Bourbon St. New Orleans, LA
 PHONE # 888-8888

TRAVEL GROUP MEMBER LIST:

Complete and attach a supplemental Travel Group Member List if necessary.

	NAME	TITLE (student, volunteer, RUO, etc)	EMERGENCY CONTACT
1.	Misty Butler	RUO	NAME: Steve Butler PHONE: 903-241-5772
2.	Student 1		NAME: PHONE:
3.	Student 2		NAME: PHONE:
4.			NAME: PHONE:
5.			NAME: PHONE:
6.			NAME: PHONE:
7.			NAME: PHONE:
8.			NAME: PHONE:
9.			NAME: PHONE:
10.			NAME: PHONE:
11.			NAME: PHONE:
12.			NAME: PHONE:

Privacy Statement

With few exceptions, you are entitled on your request to be informed about the information UT Tyler collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have UT Tyler correct information about you that is held by us and that is incorrect.

SIGNATURE OF RUO: Misty Butler DATE: 6-25-15

Appendix C

RELEASE AND INDEMNIFICATION AGREEMENT FOR ADULT STUDENTS

STUDENT: (Name and Address)

Christy Simmons
3900 University Blvd
Tyler, TX 75799

INSTITUTION:

The University of Texas at Tyler
3900 University Blvd
Tyler, TX 75799 (903) 566-7000

DESCRIPTION OF ACTIVITY OR TRIP:

conference travel

LOCATION:

New Orleans, LA

DATE(s):

7-1-15 / 7-5-15

I, the above named student, am 18 years of age or older and have voluntarily applied to participate in the above Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose me to hazards or risks that may result in my illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the Activity or Trip, I hereby accept all risk to my health and of my injury or death that may result from such participation.

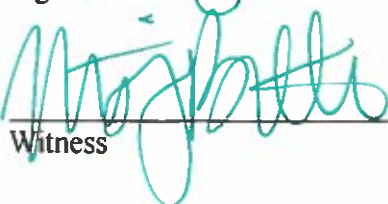
I hereby release the above named Institution, its governing board (The University of Texas System Board of Regents), officers, employees and representatives, in their individual and official capacities, from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity or Trip, WHETHER CAUSED BY NEGLIGENCE OF THE INSTITUTION, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES, OR REPRESENTATIVES, OR OTHERWISE.

I further agree to indemnify and hold harmless the above-named Institution and its governing board (The University of Texas System Board of Regents), officers, employees, and representatives, in their individual and official capacities, from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Activity or Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.


Signature of Student

Date: 6/25/14


Witness

Date: 6/25/14

Appendix D
RELEASE AND INDEMNIFICATION AGREEMENT FOR MINORS

PARTICIPANT: (Name and Address)

INSTITUTION:

The University of Texas at Tyler
3900 University Blvd.
Tyler, TX 75799 (903) 566-7000

DESCRIPTION OF ACTIVITY OR TRIP: _____

LOCATION: _____

DATE(s): _____

I am the Parent/Guardian of the above named Participant who is under 18 years of age and am fully competent to sign this Agreement. I give permission for Participant to participate in the above-referenced Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose Participant to hazards or risks that may result in Participant's illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks.

In consideration of Participant being permitted to participate in the Activity or Trip, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation.

I hereby release the above named Institution, its governing board (The University of Texas System Board of Regents), officers, employees and representatives, in their individual and official capacities, from any liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity or Trip, WHETHER CAUSED BY NEGLIGENCE OF THE INSTITUTION, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES, OR REPRESENTATIVES, OR OTHERWISE.

I further agree to indemnify and hold harmless the above-named Institution and its governing board (The University of Texas System Board of Regents), officers, employees, and representatives, in their individual and official capacities, from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity or Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Parent/Guardian

Date: _____

Address (if different from Participant's)

Witness

Date: _____

Both Student + Faculty

Appendix E
EMERGENCY INFORMATION/CONTACT FORM

(Non-athletes complete Appendix E; intercollegiate athletes complete Appendix H)

Student's Name: _____

In case of an emergency, please notify:

Name _____ Relationship _____

Street _____

City _____ State _____ Zip Code _____

E-mail address(s): _____

Home: () _____

Work: () _____

Cell: () _____

* HEALTH INSURANCE INFORMATION *

Does student carry his/her own policy? _____ If so, list the insurance carrier and insurance number:

Insurance Carrier: _____

Policy Number: _____

If the student **does not** carry his/her own policy, is the student covered on parent or legal guardian's insurance policy? _____ If so, list the parent or legal guardian's insurance carrier and insurance number:

Parent's or Legal Guardian's Insurance Carrier: _____

Parent's or Legal Guardian's Insurance Policy Number: _____

If the student **does not** carry his/her own policy and is **not** covered by their parent or legal guardian's policy:

Academic Health Plans Special Events insurance purchased by: _____

Please let me know if student doesn't have insurance.

Faculty + Students

Appendix F

PARTICIPANT RESPONSIBILITY FORM

Participant(s) should:

1. Read and carefully consider all materials and/or information provided by the RUO that relates to safety, health, legal, environmental, political, cultural, and/or religious conditions in the area where you will be going.
2. Make available to the RUO accurate and complete physical and mental health information and any other personal data that is necessary in planning for a safe and healthy trip.
3. Assume responsibility for all the elements necessary for personal preparation for the program and participate fully in pre-trip orientation.
4. Obtain and maintain appropriate insurance coverage and abide by any conditions imposed by the carriers.
5. Understand and comply with the terms of participation, University Code of Conduct, and emergency procedures of the program and obey the law. Remember, use or possession of weapons, alcohol or illegal drugs is forbidden while traveling on a University-sponsored trip. **International Travelers:** be responsible for knowing and obeying the laws of the host country and policies of host institutions and understand that violations of these laws or policies may result in disciplinary proceedings.
6. Beware of local conditions and customs that may present health or safety risks when making daily choices and decisions. Promptly express health or safety concerns to the RUO.
7. Behave in a manner that is respectful of the rights and well-being of others, and encourage others to behave in a similar manner.
8. Accept responsibility for your own decisions and actions.
9. Follow the program policies for keeping program staff informed of participant's whereabouts and well being.

I understand the requirements and conditions stated herein, and I agree to abide by program and University regulations.

Privacy Statement

With few exceptions, you are entitled on your request to be informed about the information UT Tyler collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have UT Tyler correct information about you that is held by us and that is incorrect.

Printed Name

Signature

Date

Appendix G

**DOMESTIC AND INTERNATIONAL TRAVEL ACTIVITY CHECKLIST
AND EMERGENCY AND CRISIS RESPONSE PLAN**

*DOMESTIC travel: Completed form due in the Office of Student Affairs 1 week prior to departure.
INTERNATIONAL travel: Completed form due in the Office of International Programs 2 weeks prior to departure.*

RUO: Misty Butler
Event Name: conference
RUO's Supervisor: Marcus Stadelmann
Travel Authorization created in PeopleSoft by: _____

- Pre-Trip Orientation Meeting Date: 6-29-15
 - Traveler Health and Safety Assessment
 - Person in charge of travel card/cash advance (if not RUO) RUO - misty
 - Proof of Insurance in Motor Vehicle and Inspection Certification Affixed
 - Vehicle Insurance: phone # of provider: _____
 - Forms completed for RUO to take on trip (including all of the following: copy of Approved Appendix A, Appendix B, Appendix G, completed Appendix C/D or I for every traveler, and Appendix E and F for every traveler)
 - On-campus Form Custodian: _____
(maintains copies of Appendix A, Appendix B, Appendix G & completed Appendix C/D or I for every traveler, and Appendix E and F for every traveler)
 - Appendix A, Appendix B, Appendix G sent to Student Affairs (domestic) or Office of International Programs (international) AND Campus Police
 - Name, address and phone number of closest hospital or emergency care clinic: _____
Hospital XYZ 888-8888
New Orleans, LA
 - International Travel Only:**
 - Request for Approval of Foreign Travel form completed by RUO and approved by Dean, Office of International Programs, Provost and President 45 days prior to departure.
 - Mandatory registration with International SOS completed by all travelers.
 - International cell phone number: _____
- Misty Butler 6-25-15
RUO's Signature Date

Appendix H

PARENTAL PERMISSION FORM

Intercollegiate Athletics Only

As parent or legal guardian of _____, I hereby give my consent for (his/her) practice and play in intercollegiate athletic events.

I also grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment.

I agree to the need for a screening medical examination and certify that the medical history below is accurate to the best of my knowledge.

Students who participate on intercollegiate athletics teams **must** have athletic injury insurance coverage before their participation begins. This coverage may be part of the family's insurance or purchased separately. If, for any reason, the family's policy is dropped, the student may not participate on any UT Tyler intercollegiate athletics team until proof of insurance is received by the athletic trainer at UT Tyler. The NCAA carries catastrophic insurance coverage with a \$90,000 deductible and UT Tyler carries gap insurance to lower the deductible to \$25,000. Contact UT Tyler Athletic trainer for specific coverage limitations.

Signature of Parent or Legal Guardian

Parent's (or Legal Guardian's) Address

Name _____ Relationship _____

Street _____ City _____ State _____ Zip _____

In case of emergency call: Business Phone: _____

Home Phone: _____ Cell Phone: _____

Parent's Insurance Policy Number: _____ Insurance Carrier: _____

Does parent's insurance policy cover the student during participation in practice, play and travel for intercollegiate events? Yes _____ No _____

Does student carry his/her own policy? _____ If so, list the insurance carrier and insurance number:

Insurance Carrier: _____ Policy Number: _____

STATEMENT OF RISK

While benefits derived from intercollegiate athletic participation are great, there are also calculated risks involved in such competition. Both participants and parents are hereby advised that an element of risk is present that could result in total paralysis or death in all such participation.

ADULT FACULTY

Appendix I

RELEASE AND INDEMNIFICATION AGREEMENT FOR ADULTS

PARTICIPANT: (Name and Address)

INSTITUTION:

The University of Texas at Tyler
3900 University Blvd.
Tyler, TX 75799 (903) 566-7000

DESCRIPTION OF ACTIVITY OR TRIP:

LOCATION: _____

DATE(s): _____

I, the above named participant, am 18 years of age or older and have voluntarily applied to participate in the above Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose me to hazards or risks that may result in my illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the Activity or Trip, I hereby accept all risk to my health and of my injury or death that may result from such participation.

I hereby release the above named Institution, its governing board (The University of Texas System Board of Regents), officers, employees and representatives, in their individual and official capacities, from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity or Trip, WHETHER CAUSED BY NEGLIGENCE OF THE INSTITUTION, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES, OR REPRESENTATIVES, OR OTHERWISE.

I further agree to indemnify and hold harmless the above-named Institution and its governing board (The University of Texas System Board of Regents), officers, employees, and representatives, in their individual and official capacities, from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Activity or Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Participant

Date: _____

Witness

Date: _____

Manual of Policies and Procedures for Student Affairs

Chapter 13. Guidelines For Student Travel and Off-Campus Activities (Exceeding 25 miles)

The University of Texas at Tyler sponsors numerous off-campus activities involving student travel. The liability risk to the University for such activities is significant. To effectively manage these activities, the Office of Student Affairs has developed the following guidelines. For purposes of this document, the staff adviser, coordinator, director, coach, faculty member or other paid professional overseeing the off-campus activity shall be identified as the Responsible University Official (RUO). In this guideline the Chief Student Affairs Officer and the Office of International Programs Executive Director may refer to those persons or their designees.

These guidelines apply to all student travel if the activity or event meets all of the following criteria and is undertaken by one or more currently enrolled students to reach an activity or event.

1. The activity or event is sponsored, organized and funded by UT Tyler.
2. The activity or event is located more than twenty-five (25) miles from UT Tyler.
3. The activity or event is either:
 1. undertaken, using a vehicle owned, leased, or rented by the institution; or
 2. attendance at the activity or event is required by a registered student organization and approved in writing by the Chief Student Affairs Officer.

International Travel:

A Request for Approval of Foreign Travel – Faculty/Staff Sponsored Student International Travel form must be completed and submitted to the Office of International Programs Executive Director at least 45 days in advance of travel.

Mandatory registration with International SOS is required prior to travel for all faculty, staff and students traveling internationally on university-sponsored trips. The RUO may refer to the Financial Services webpage at <http://www.uttyler.edu/finserv/travelsos.php> for information on how to obtain an International SOS membership card.

Guidelines:

The following guidelines have been extrapolated from *The University of Texas System Business Procedures Memorandum 16-03-02, 16-05-02 and the POLICY ON STUDENT TRAVEL* adopted by the Board of Regents of The University of Texas System, November 8, 2001, and apply to off-campus trips. All RUO's must be familiar with these documents.

Responsible University Official

At least one RUO must accompany students on any off-campus activity. RUO's are responsible for knowing the University Code of Conduct and its policies. The consequences of noncompliance must be made clear to participants and the RUO must take appropriate action when aware that participants are in violation. RUO's are trained annually regarding this policy, the sexual harassment policy, ADA guidelines, and the University Code of Conduct. The forms to be completed referred to in this policy are located after the policy.

1. Pre-Trip Orientation

A pre-trip orientation meeting must be conducted for participants prior to the date of departure. Participants should be informed of as much detail about the trip and its circumstances as reasonably possible, including all known risks. Participants should also be informed of emergency response measures and conduct expectations (Appendix F).

2. Group Travel Authorization Request Form – Appendix A

Domestic travel - complete and submit to the Chief Student Affairs Officer for approval at least two weeks prior to departure. International travel – complete and submit to the Office of International Programs Executive Director at least 45 days prior to departure.

3. If the trip is approved the RUO must complete the following paperwork and maintain a copy of these records throughout the trip in a manner that ensures immediate access to the information for each participant in case of an accident or health-related emergency. Copies of the below paperwork should also be left with the on-campus forms custodian (indicated on Appendix G). **Originals of Appendix B and Appendix G must be submitted to Student**

Affairs Office for Domestic travel at least one week prior to departure or to the Office of International Programs for International travel at least two weeks prior to departure.

Group Travel Authorization Request Form – Appendix A (Copy of Approved Form)

Group Travel Trip Information Form – Appendix B

Release and Indemnification Agreement – Adult Student – Appendix C or

Release and Indemnification Agreement – Parental Permission (if a minor student) – Appendix D or

Release and Indemnification Agreement – Adult Non-student (RUO) – Appendix I

Emergency Information Contact Form – Appendix E (Intercollegiate athletes see Appendix H)

Participant Responsibility Form – Appendix F

Domestic and International Travel Activity Checklist and Emergency Crisis Response Plan – Appendix G

4. A copy of Appendix A, Appendix B and Appendix G should be forwarded to the UT Tyler Police Department prior to departure.

5. **Departmental Travel Authorization**

Travel authorization, payment and reimbursement processes required by a department or college are required in addition to these procedures.

6. **Medical Insurance**

Students traveling on a University-sponsored **overnight** trip must have medical insurance. Student health insurance is available to students through Academic Health Plans at <https://www.academichealthplans.com/uttyler/>. Special Event Insurance is available for departments to purchase for uninsured students if necessary but must be purchased prior to the trip. NOTE: The Athletic Department provides secondary catastrophic athletic injury insurance for all student-athletes, but not health insurance. Student-athletes must secure their own primary health insurance which does not exclude athletic activities.

7. **Weapons, Drugs, and Alcohol**

Use or possession of weapons, alcohol or illegal drugs is forbidden while traveling on a University-sponsored trip.

8. **Departmental Equipment**

Departmental property must be cared for properly. Participants may be charged a replacement fee for lost or damaged equipment.

9. **Drivers and Travel Using a Vehicle Owned or Leased**

All travel subject to this policy must be undertaken in vehicles owned, leased or rented by The University or with common carriers. No personal vehicles are permitted for use in travel that is subject to this policy. Approval includes the driver being a University employee, having a valid operator's license with a Motor Vehicle Record of 2 or less, and participating in instruction and hands-on training (15-passenger vans only). Drivers of motor vehicles shall comply with all laws, regulations, and posted signs regarding speed and traffic control, or additional directives stipulated by UT Tyler or the UT System. If University-owned vehicles are available, they should be used for trips within a 60-mile radius of UT Tyler. All other trips must be booked through the UT Tyler contracted rental company or a charter bus company. All forms must be completed and all guidelines followed whether travel is in University-owned vehicles, rental vehicles, chartered bus, or other common carrier.

10. **Vehicle Determination and Passenger Capacity**

The distance to the destination and/or the number of participants needing transportation determines the type of transportation to be used. Each vehicle using University employees as drivers should attempt to have two certified drivers. However, when a trip exceeds 350 miles one way two certified drivers per vehicle are required. On long trips, drivers should rotate every three hours*, and no more than eight hours of driving should be completed during any one day. No more than twelve (12) people plus gear, luggage or other items may be loaded in any one 15-passenger van. In all other vehicles, the total number of passengers may not exceed the manufacturer's recommended capacity or the number specified in applicable federal or state law or regulations, whichever is lower. Passengers should be seated toward the front of the van in recognized seating with gear, luggage and other items distributed evenly in the rear behind the last seat. On trips where the number of participants and available drivers preclude the use of 15-passenger vans, a chartered bus or mini-bus should be used. When a trip exceeds 450 miles one way and/or require driving after 11:00 p.m., professional drivers must be contracted.

*There may be occasions when, in the best judgment of the RUO, circumstances such as weather, road construction, sleep deprivation of drivers, unsafe operation of vehicle by drivers, etc., would make this rotation unsafe. Such decisions should be documented in writing by the RUO to the Chief Student Affairs Officer after returning to campus.

11. Seat Belts

Occupants of motor vehicles (except charter buses) must use seat belts or other approved safety restraint devices at all times when the vehicle is in operation.

12. Liability Insurance

Drivers of all motor vehicles must check to make sure that the vehicle has a current proof of liability insurance card, State inspection certification, be equipped with all safety devices or equipment required by law or regulation and comply with all other applicable requirements of federal or State law or regulations before departing from campus.

13. Periodic Maintenance

Each vehicle owned or leased by UT Tyler must be subject to scheduled periodic maintenance by qualified persons and comply with all applicable requirements of The University of Texas System Business Procurement Memoranda.

14. Emergency Procedures

The RUO must implement the following procedures in the event of an emergency:

For University-owned vehicles:

Accident:

- Notify local authorities @ 911.
- Notify UT Tyler Police @ 903-566-7300 who will notify the Director of Environmental Health & Safety.
- Leave a cellular phone number with the dispatcher.
- Refer to BPM 16-03-02 for Post-Accident Claims Procedures.

Mechanical Breakdown:

- Notify the dispatcher in the UT Tyler Police Dept. @ 903-566-7300 who will notify the Director of Environmental Health & Safety.
- Leave a cellular phone number for someone to call you back.
- Do not attempt to make repairs, including changing a tire. Wait for the Director of Environmental Health & Safety or UT Tyler Police to call and confirm roadside assistance to the breakdown location.

For rental vehicles:

Accident:

- Notify local authorities @ 911.
- Call the 800 number provided by the rental company.
- Refer to BPM 16-03-02 for Post-Accident Claims Procedures
- Notify the UT Tyler Police dispatcher @ 903-566-7300.
- Leave a cellular phone number for someone to call you back.

Mechanical Breakdown:

- Call the 800 number provided by the rental company.
- Call UT Tyler Police (903-566-7300) if assistance is needed.

15. Monitoring

When any incident occurs, i.e. accident, mechanical failure, medical emergency, code of conduct violation, etc., the RUO must call his/her supervisor as soon as is feasibly possible. The supervisor will notify the Chief Student Affairs Officer or Office of International Programs Executive Director. A meeting must be called as soon as feasibly possible after returning from the trip to investigate the incident. For medical emergencies or conduct violations, the Chief Student Affairs Officer or Office of International Programs Executive Director will contact Environmental Health and Safety and UT Tyler Police when appropriate.

16. Side Trips/Early and Late Departures

Non-University business side trips, such as a trip for entertainment purposes, must be planned and approved in advance. Trips to known high-risk areas will not be approved and must not be undertaken. Spontaneous activities, while on the primary trip, such as going to a local movie or special restaurant, shall be at the discretion of the RUO. Students traveling on University funded trips must arrive at and depart the site at the same time as the advisers. The RUO's immediate supervisor and the Chief Student Affairs Officer or Office of International Programs Executive Director must approve any exceptions to this policy.

17. **Parental Permission Form – Appendix H (Intercollegiate Athletics Only)** This form must be completed by the student-athlete's parent or legal guardian and returned to the Director of Athletics prior to the student-athlete's first practice.

Appendix A
GROUP/TEAM TRAVEL AUTHORIZATION REQUEST FORM

DOMESTIC travel: Completed form due in the Office of Student Affairs two weeks prior to departure.
INTERNATIONAL travel: Completed form due in the Office of International Programs 30 days prior to departure.

RUO: _____ Title: _____

Department: _____ Supervisor: _____

Depart Date: _____ Return Date: _____

RUO Cell Phone Number: _____ RUO Email: _____

Event Name: _____

Event Destination: _____

Purpose of Travel: _____

Mode of Transportation: Rental Car Van Bus Airline Other: _____

Provide the number of each type of vehicle

LIST DETAILED ITINERARY BELOW (OR ATTACH)

Date	From	To	Depart Time	Arrive Time	Airline/Flight # (if applicable)

This section to be completed by Intercollegiate Athletics only: (List Estimated Costs)

Cost Center: _____ Departure Date/Time: _____ Return Date/Time: _____

Vehicle Rental Type : _____ Cost per trip + Fuel Expense (if known) =

Team Lodging : Room Rate x # days x # rooms =

Per diem per athlete (meals) : x # athletes x # days =

Coach Lodging: Room Rate x # days x # coaches =

Coach Per Diem: x # days x # coaches =

Bus Driver Lodging: Room Rate x # days =

TOTAL ESTIMATED EXPENSES:

RUO Signature: _____ Date: _____

 Chief Student Affairs Officer/OIP Exec Director Approval

Appendix B
GROUP TRAVEL TRIP INFORMATION FORM

DOMESTIC travel: Completed form due in the Office of Student Affairs 1 week prior to departure.
INTERNATIONAL travel: Completed form due in the Office of International Programs 2 weeks prior to depart.

EVENT GROUP NAME: _____

RUO : _____

RUO CELL PHONE: _____ RUO EMAIL: _____

DATES OF TRAVEL: _____

CERTIFIED DRIVERS (IF APPLICABLE): _____

HOTEL OR OTHER ACCOMMODATIONS NAME: _____

HOTEL OR OTHER ACCOMMODATIONS ADDRESS: _____

_____ PHONE # _____

TRAVEL GROUP MEMBER LIST:

Complete and attach a supplemental Travel Group Member List if necessary.

	NAME	TITLE (student, volunteer, RUO, etc)	EMERGENCY CONTACT
1.		RUO	NAME: PHONE:
2.			NAME: PHONE:
3.			NAME: PHONE:
4.			NAME: PHONE:
5.			NAME: PHONE:
6.			NAME: PHONE:
7.			NAME: PHONE:
8.			NAME: PHONE:
9.			NAME: PHONE:
10.			NAME: PHONE:
11.			NAME: PHONE:
12.			NAME: PHONE:

Privacy Statement

With few exceptions, you are entitled on your request to be informed about the information UT Tyler collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have UT Tyler correct information about you that is held by us and that is incorrect.

SIGNATURE OF RUO: _____ DATE: _____

Appendix C

RELEASE AND INDEMNIFICATION AGREEMENT FOR ADULT STUDENTS

STUDENT: (Name and Address)

INSTITUTION:

The University of Texas at Tyler
3900 University Blvd
Tyler, TX 75799 (903) 566-7000

DESCRIPTION OF ACTIVITY OR TRIP: _____

LOCATION: _____

DATE(s): _____

I, the above named student, am 18 years of age or older and have voluntarily applied to participate in the above Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose me to hazards or risks that may result in my illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the Activity or Trip, I hereby accept all risk to my health and of my injury or death that may result from such participation.

I hereby release the above named Institution, its governing board (The University of Texas System Board of Regents), officers, employees and representatives, in their individual and official capacities, from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity or Trip, WHETHER CAUSED BY NEGLIGENCE OF THE INSTITUTION, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES, OR REPRESENTATIVES, OR OTHERWISE.

I further agree to indemnify and hold harmless the above-named Institution and its governing board (The University of Texas System Board of Regents), officers, employees, and representatives, in their individual and official capacities, from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Activity or Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.

Signature of Student

Date: _____

Witness

Date: _____

Appendix D

RELEASE AND INDEMNIFICATION AGREEMENT FOR MINORS

PARTICIPANT: (Name and Address)

INSTITUTION:

The University of Texas at Tyler
3900 University Blvd.
Tyler, TX 75799 (903) 566-7000

DESCRIPTION OF ACTIVITY OR TRIP: _____

LOCATION: _____

DATE(s): _____

I am the Parent/Guardian of the above named Participant who is under 18 years of age and am fully competent to sign this Agreement. I give permission for Participant to participate in the above-referenced Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose Participant to hazards or risks that may result in Participant's illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks.

In consideration of Participant being permitted to participate in the Activity or Trip, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation.

I hereby release the above named Institution, its governing board (The University of Texas System Board of Regents), officers, employees and representatives, in their individual and official capacities, from any liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity or Trip, WHETHER CAUSED BY NEGLIGENCE OF THE INSTITUTION, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES, OR REPRESENTATIVES, OR OTHERWISE.

I further agree to indemnify and hold harmless the above-named Institution and its governing board (The University of Texas System Board of Regents), officers, employees, and representatives, in their individual and official capacities, from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity or Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Parent/Guardian Date: _____

Address (if different from Participant's)

Witness Date: _____

Appendix E
EMERGENCY INFORMATION/CONTACT FORM

(Non-athletes complete Appendix E; intercollegiate athletes complete Appendix H)

Student's Name: _____

In case of an emergency, please notify:

Name _____ Relationship _____

Street _____

City _____ State _____ Zip Code _____

E-mail address(s): _____

Home: () _____

Work: () _____

Cell: () _____

HEALTH INSURANCE INFORMATION

Does student carry his/her own policy? _____ If so, list the insurance carrier and insurance number:

Insurance Carrier: _____

Policy Number: _____

If the student **does not** carry his/her own policy, is the student covered on parent or legal guardian's insurance policy? _____ If so, list the parent or legal guardian's insurance carrier and insurance number:

Parent's or Legal Guardian's Insurance Carrier: _____

Parent's or Legal Guardian's Insurance Policy Number: _____

If the student **does not** carry his/her own policy and is **not** covered by their parent or legal guardian's policy:

Academic Health Plans Special Events insurance purchased by: _____

Appendix F
PARTICIPANT RESPONSIBILITY FORM

Participant(s) should:

1. Read and carefully consider all materials and/or information provided by the RUO that relates to safety, health, legal, environmental, political, cultural, and/or religious conditions in the area where you will be going.
2. Make available to the RUO accurate and complete physical and mental health information and any other personal data that is necessary in planning for a safe and healthy trip.
3. Assume responsibility for all the elements necessary for personal preparation for the program and participate fully in pre-trip orientation.
4. Obtain and maintain appropriate insurance coverage and abide by any conditions imposed by the carriers.
5. Understand and comply with the terms of participation, University Code of Conduct, and emergency procedures of the program and obey the law. Remember, use or possession of weapons, alcohol or illegal drugs is forbidden while traveling on a University-sponsored trip. **International Travelers:** be responsible for knowing and obeying the laws of the host country and policies of host institutions and understand that violations of these laws or policies may result in disciplinary proceedings.
6. Beware of local conditions and customs that may present health or safety risks when making daily choices and decisions. Promptly express health or safety concerns to the RUO.
7. Behave in a manner that is respectful of the rights and well-being of others, and encourage others to behave in a similar manner.
8. Accept responsibility for your own decisions and actions.
9. Follow the program policies for keeping program staff informed of participant's whereabouts and well being.

I understand the requirements and conditions stated herein, and I agree to abide by program and University regulations.

Privacy Statement

With few exceptions, you are entitled on your request to be informed about the information UT Tyler collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have UT Tyler correct information about you that is held by us and that is incorrect.

Printed Name

Signature

Date

Appendix G

**DOMESTIC AND INTERNATIONAL TRAVEL ACTIVITY CHECKLIST
AND EMERGENCY AND CRISIS RESPONSE PLAN**

*DOMESTIC travel: Completed form due in the Office of Student Affairs 1 week prior to departure.
INTERNATIONAL travel: Completed form due in the Office of International Programs 2 weeks prior to departure.*

RUO: _____

Event Name: _____

RUO's Supervisor: _____

Travel Authorization created in PeopleSoft by: _____

- Pre-Trip Orientation Meeting Date: _____
- Traveler Health and Safety Assessment
- Person in charge of travel card/cash advance (if not RUO) _____
- Proof of Insurance in Motor Vehicle and Inspection Certification Affixed
- Vehicle Insurance: phone # of provider: _____
- Forms completed for RUO to take on trip (including all of the following: copy of Approved Appendix A, Appendix B, Appendix G, completed Appendix C/D or I for every traveler, and Appendix E and F for every traveler)
- On-campus Form Custodian: _____
(maintains copies of Appendix A, Appendix B, Appendix G & completed Appendix C/D or I for every traveler, and Appendix E and F for every traveler)
- Appendix A, Appendix B, Appendix G sent to Student Affairs (domestic) or Office of International Programs (international) AND Campus Police
- Name, address and phone number of closest hospital or emergency care clinic: _____

- International Travel Only:**
 - Request for Approval of Foreign Travel form completed by RUO and approved by Dean, Office of International Programs, Provost and President 45 days prior to departure.
 - Mandatory registration with International SOS completed by all travelers.
 - International cell phone number: _____

RUO's Signature

Date

Appendix H

PARENTAL PERMISSION FORM

Intercollegiate Athletics Only

As parent or legal guardian of _____, I hereby give my consent for (his/her) practice and play in intercollegiate athletic events.

I also grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment.

I agree to the need for a screening medical examination and certify that the medical history below is accurate to the best of my knowledge.

Students who participate on intercollegiate athletics teams **must** have athletic injury insurance coverage before their participation begins. This coverage may be part of the family's insurance or purchased separately. If, for any reason, the family's policy is dropped, the student may not participate on any UT Tyler intercollegiate athletics team until proof of insurance is received by the athletic trainer at UT Tyler. The NCAA carries catastrophic insurance coverage with a \$90,000 deductible and UT Tyler carries gap insurance to lower the deductible to \$25,000. Contact UT Tyler Athletic trainer for specific coverage limitations.

Signature of Parent or Legal Guardian

Parent's (or Legal Guardian's) Address

Name _____ Relationship _____

Street _____ City _____ State _____ Zip _____

In case of emergency call: Business Phone: _____

Home Phone: _____ Cell Phone: _____

Parent's Insurance Policy Number: _____ Insurance Carrier: _____

Does parent's insurance policy cover the student during participation in practice, play and travel for intercollegiate events? Yes _____ No _____

Does student carry his/her own policy? _____ If so, list the insurance carrier and insurance number:

Insurance Carrier: _____ Policy Number: _____

STATEMENT OF RISK

While benefits derived from intercollegiate athletic participation are great, there are also calculated risks involved in such competition. Both participants and parents are hereby advised that an element of risk is present that could result in total paralysis or death in all such participation.

Appendix I

RELEASE AND INDEMNIFICATION AGREEMENT FOR ADULTS

PARTICIPANT: (Name and Address)

INSTITUTION:
The University of Texas at Tyler
3900 University Blvd.
Tyler, TX 75799 (903) 566-7000

DESCRIPTION OF ACTIVITY OR TRIP: _____

LOCATION: _____ **DATE(s):** _____

I, the above named participant, am 18 years of age or older and have voluntarily applied to participate in the above Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose me to hazards or risks that may result in my illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the Activity or Trip, I hereby accept all risk to my health and of my injury or death that may result from such participation.

I hereby release the above named Institution, its governing board (The University of Texas System Board of Regents), officers, employees and representatives, in their individual and official capacities, from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity or Trip, WHETHER CAUSED BY NEGLIGENCE OF THE INSTITUTION, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES, OR REPRESENTATIVES, OR OTHERWISE.

I further agree to indemnify and hold harmless the above-named Institution and its governing board (The University of Texas System Board of Regents), officers, employees, and representatives, in their individual and official capacities, from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Activity or Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.

Signature of Participant

Date: _____

Witness

Date: _____