Travel

Cockrell School of Engineering (CSE) student organization representatives often travel nationally and internationally for conferences, workshops, competitions, service projects, etc.

CSE student organizations are required to follow all UT Austin and CSE student travel policies. Failure to do so may result in CSE and University penalties.

UT Austin Student Travel Policy for University Organized or Sponsored Events

This policy applies to the travel of enrolled undergraduate and graduate students to attend activities or events that are: organized and/or sponsored by The University of Texas at Austin; and occur more than twenty-five (25) miles from the University campus.

An organized event is one that is initiated, planned, and arranged by a member of the University’s faculty or staff, or by the members of a sponsored student organization, and is approved by an appropriate administrator.

A sponsored event or activity is one that the University endorses by supporting it financially, or by sending students to participate in it as official representatives of the University.

More information may be found online, [http://www.utexas.edu/policies/hoppm/12.B.02.html](http://www.utexas.edu/policies/hoppm/12.B.02.html)

UT Austin Student Travel Policy for Registered Student Organizations

This policy applies to the travel of student members of a registered student organization when: The organization requires its student members to attend an activity or event; and the activity or event occurs more than twenty-five (25) miles from the University campus.

Registered student organizations that require student members travel to and from events or activities that are covered by this policy must obtain prior authorization for such travel from the Office of the Dean of Students - Student Activities & Leadership Development Office (SALD).

More information may be found online, [http://www.utexas.edu/policies/hoppm/12.B.01.html](http://www.utexas.edu/policies/hoppm/12.B.01.html)

Special Events Insurance

Special Events Insurance is required if a student does not have proof of current medical insurance. This short-term accident and sickness insurance is offered by the Student Insurance Division.

Student Insurance Related forms:

The request form below is to be used to obtain Special Events health insurance coverage for uninsured students who are engaged in travel to University Organized or Sponsored Events or travel required by Registered Student Organizations. The form should include information for each traveling student who does not have proof of current medical insurance. Fax the form to the Student Insurance Division at the number shown at the bottom of the form before travel begins. Questions may be addressed to the insurance company representative named on the form. The insurance company will bill the agency or department completing the form, which must be prepared to make payment from program or departmental funds or from funds collected from the students involved. The billing will be at the rate of $2.00 per day for each student for the duration of the event, including travel to and from the location(s) involved.
CSE Student Travel Policy for CSE Student Organizations

- Travel by CSE student organization representatives must have prior approval of Cockrell School Engineering Student Life (ESL).

- All international travel, for both sponsored and registered engineering student organizations’ representatives, must have approval from the International Engineering Education Office, ECJ 2.200 before they are able to submit a Request for Travel Authorization (RTA) to ESL.

- All CSE student organizations wishing to design and implement an engineering project outside of the University must submit their project to the Projects in Underserved Communities course. Student organizations should contact the International Engineering Education Office, ECJ 2.200, regarding this procedure.

Travel Arrangements – ESL can help you arrange travel for student organization trips (like conferences). As soon as you know you will be traveling, PLEASE contact ESL at this time to discuss any travel plans so that the correct arrangements can be made.

Required Travel Forms:
A Student Travel Request Form must be submitted for each individual traveling. This form is CSE required for travel approval and to ensure reimbursement for any monies spent.

Each student traveling must also submit copies of the following UT Austin required forms to ESL and their Faculty/Staff advisor:

- Emergency Medical Form
- Adult Release and Indemnification Form

All required forms are available on the ESL web site at: http://www.engr.utexas.edu/studentlife/resources/forms

Travel documentation must be submitted individually in most cases. If a group of students plan to attend a special event (workshop, conference, etc.), then the person planning the organization’s trip must visit ESL to make group/individual arrangements prior to any travel being procured. This is a must! Arrangements can be made for conference registration, airfare, hotel, and car rental, but required procedures must be followed.

Additional Travel Related Forms
These forms for student travel may be downloaded from the ESL website at http://www.engr.utexas.edu/studentlife/resources/forms

- Reimbursement Form
- Rental Car Request Form
- Student Travel Request Form
- Travel Insurance for the Group
Reimbursement Following Travel

In order to be reimbursed for any travel expenses, it is MANDATORY to strictly follow all the required procedures. Any and all original, itemized receipts must be submitted at the completion of the trip in order to be reimbursed.

Travel MUST BE COMPLETED before any personal reimbursements will be given -- no exceptions!

Reimbursements will be made from the existing funds in the organization's CSE account. There are many UT Austin procedures and rules to adhere to (such as alcoholic beverage charges will not be reimbursed), although some other entertainment expenses are permissible. It is imperative to discuss travel plans in detail with the ESL!
Forms

Student Travel Request Form

Please type or print ALL information CLEARLY in black ink. Completed form must be submitted three weeks in advance of travel. A separate form must be completed for each individual traveling.

Submit completed forms to:

Engineering Student Life         ECJ 1.224         (512) 232-5778

INDIVIDUAL TRAVELING:

INDIVIDUAL TRAVELING: __________________________________________________________

UTEID: ________________________________________________________________

E-MAIL: ________________________________________________________________

PHONE #: (local) ____________________________ (cell) __________________________

Representing ____________________________________________________________ Student Organization

DESTINATION (Please indicate whether Domestic or International):

______________________________________________________________

DATE(S) OF TRAVEL:

Departure: ____________________________ Time ____________________________

Return: ____________________________ Time ____________________________

PURPOSE OF TRAVEL:

(Example: Conference; Project; Service oriented; reason of travel)

TRANSPORTATION:

(Example: Air; personal or leased vehicle; etc.)

FEES/OTHER EXPENSES:

(Example: Registration, conference fees, parking, taxi / shuttles, food, miscellaneous)

LODGING:

(Do you plan to share a room with other participants? Only one person can be reimbursed for a hotel room so you must make proper arrangements through ESL.)
Rental Car One Trip Voucher Request Form

Please complete the entire form.

CIRCLE CAR VENDOR: AVIS / ENTERPRISE

Location – Pick Up – (City, State) _____________________________________________

Location – Drop Off – (City, State) ___________________________________________

Pick up
Date: ____________________
Time: ____________________
Car Type: ____________________
Driver(s): ____________________

Drop off
Date: ____________________
Time: ____________________

FOR ESL to complete

Confirmation #: ____________________
I. **MEDICAL INFORMATION** (please type or print legibly)

a. Name ____________________________________________
   (last, first, middle)
   Address ____________________________________________
   (street or P.O. box, city, state, zip code)
   Telephone Number: Day ( ) Night ( )

b. Name of Nearest Relative ____________________________________________
   (last, first, middle)
   Address ____________________________________________
   (street or P.O. box, city, state, zip code)
   Telephone Number: Day ( ) Night ( )

c. Physician’s Name ____________________________________________
   Address ____________________________________________
   (street or P.O. box, city, state, zip code)
   Telephone Number: Office ( ) Emergency ( )

d. Dentist’s Name ____________________________________________
   Address ____________________________________________
   (street or P.O. box, city, state, zip code)
   Telephone Number: Office ( ) Emergency ( )

e. Health Insurance Company Name ____________________________________________
   Policy Number ____________________ Telephone ( )

f. Allergies ____________________________________________

g. Current Medications ____________________________________________

h. Special Health Needs ____________________________________________

II. **EMERGENCY MEDICAL AUTHORIZATION**

I, the undersigned, do hereby authorize The University of Texas at Austin and its agents or representatives to consent, on my behalf, to any medical/hospital care or treatment (including locations outside the U.S.) to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

The effective dates of this authorization are __________________________ to __________________________ 20___.

I am eighteen years of age or older, have read the above authorization, and confirm that the information contained therein is true and accurate.

_________________________________________ Date _____________ 20 ___.

(Signature of Individual Providing Authorization)
THE UNIVERSITY OF TEXAS AT AUSTIN

RELEASE AND INDEMNIFICATION AGREEMENT – Adult Student

STUDENT: ___________________________________________  UT EID #: ____________________________

Name (last name first - please print or type)

________________________________________

Address

________________________________________

City, State, Zip Code

DESCRIPTION OF ACTIVITY OR TRIP: ________________________________________________

________________________________________

MODE OF TRANSPORTATION: ______________________________

LOCATION(s) of activity or trip: ______________________________

DATE(s) of activity or trip: FROM ____________ 20 __ TO ____________ 20 __

I, the above named student, am eighteen 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 and I hereby release the University of Texas at Austin, its governing board, officers, employees and representatives from any and all 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 University of Texas at Austin, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the University of Texas at Austin and its governing board, officers, employees, and representatives 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 Student       Date signed: ____________________________ 20 __
__________________________  ____________________________
Signature of Witness       Date signed: ____________________________ 20 __

Printed Name of Witness