

## ORGANIZATION RELIEF FUND (ORF)

Campus Life  
Office of the Dean of Students  
122 Johnston Hall • Baton Rouge, LA 70803 • (225) 578-5160  
[campuslife@lsu.edu](mailto:campuslife@lsu.edu) • [www.lsu.edu/campuslife](http://www.lsu.edu/campuslife)  
Revised October 2008

The Organization Relief Fund (ORF) is designed to help defray the travel costs of full-time undergraduate students (graduate students apply through the Graduate School) traveling to conferences, conventions, or competitions which are educational, academic, or professional in nature. Priority is given to representatives of registered student organizations, University departments, and, in some cases, individual students planning to attend activities that benefit and/or allow representation of the entire University and not just the organization, department, or individual. The ORF is a supplemental source of travel funds. The committee expects organizations to secure funding from other sources.

### Application Process

- Complete the Student List page and have the records checked by the University Registrar (112 Thomas Boyd) and the Office of the Dean of Students.
- Complete and submit with your application a form AS292, Request for Authorization to Travel as well as Trip Travel Insurance form (attached).
- Return completed application to Debra Joseph in the Office of the Dean of Students, 116 Johnston Hall (578-9442) or to Campus Life in 122 Johnston Hall.
- Applications will be reviewed and applicants will be notified if and to what extent their travel has been funded.
- Applications should be submitted at least one month prior to the event, or as early as possible.
- A representative of the organization applying for ORF funds is strongly advised to attend the meeting during which their application will be reviewed.
- Reimbursement of funds will be contingent upon submission of travel expense voucher by the date indicated on the approved application.

### ORF Regulations

1. An organization can only be funded once in an academic year (Academic year = Fall, Spring and Summer sessions).
2. Organizations may not receive funding from PSIF, Student Senate, and ORF for the same event
3. Students must be full-time and in good academic and disciplinary standing.
4. Only registered student organizations and University departments are eligible for funding. If the organization is not approved by the Office of the Dean of Students, a letter from the appropriate academic dean must be attached, verifying the individual or organization is recognized by the college.
5. Applications must be submitted and reviewed prior to travel date. No post-travel applications will be reviewed.
6. Applications lacking the completed LSU trip-travel insurance form will not be reviewed.
7. Travel outside of the 50 states, D.C., Puerto Rico, and U.S. Virgin Islands requires prior approval of the LSU Chancellor.
8. Vehicle rental requires prior approval of the appropriate Dean.

### Funding

1. With the exception of registration fees, local events will not be funded.
2. Travel to functions of a social nature will not be funded.
3. Generally, ORF funds are to be used to help defray costs of transportation, lodging, and registration. Reimbursements are governed by University travel regulations.
4. The University grants travel advances in exceptional situations only to employees of the University.
5. If your organization solicits donations from corporate sponsors, you must have approval from the Office of Finance and Administrative Services in 330 Thomas Boyd Hall (578-3386). For more information please refer to the "Corporate Sponsorship Guidelines" in the Student Organization Handbook.

## Reimbursement

- A travel expense voucher, payable to the student organization, must be completed and returned to the Assistant to the Dean of Students within 30 days following completion of travel or the reimbursement will be voided. Checks will be returned to The Office of the Dean of Students within two weeks after submission to the Travel Office.



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### *For Office Use Only!*

Approved \_\_\_\_\_  
Org \_\_\_\_\_  
Funded \_\_\_\_\_  
Amt \_\_\_\_\_  
Ltr Sent \_\_\_\_\_  
TEV Sent \_\_\_\_\_  
Ck Rec'd \_\_\_\_\_  
Amt Ck \_\_\_\_\_

### *For Office Use Only*

Reimbursement contingent upon submission of travel voucher as of \_\_\_\_\_.

## General Information (Please print or type application)

Name of Organization: \_\_\_\_\_

Nature of organization? [ ] academic [ ] vocational [ ] social [ ] professional [ ] athletic [ ] other \_\_\_\_\_

What activities are sponsored by the organization? \_\_\_\_\_

## Contact Information

Contact Name: \_\_\_\_\_ Local Mailing \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

PAWS Email: \_\_\_\_\_ What is your position in this organization? \_\_\_\_\_

*To the best of my knowledge, the information on this application is accurate.*

Contact Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Advisor Information

\*Please attach a letter of support for the organization to attend this event.

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Phone: \_\_\_\_\_

PAWS Email : \_\_\_\_\_

*To the best of my knowledge, this application accurately reflects both a worthwhile student activity and a proper accounting expense.*

Advisor Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Event Information (Attach agenda/program/brochures)

Name of event: \_\_\_\_\_

Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Purpose of attendance: [ ] voting delegates [ ] giving presentation [ ] receiving award [ ] competing [ ] other (please describe) \_\_\_\_\_

How will this trip benefit LSU? (Please attach your answer to this application).

What is the minimum number of students required to attend? \_\_\_\_\_ How many are attending? \_\_\_\_\_



L O U I S I A N A S T A T E U N I V E R S I T Y

**Request for  
Trip Travel/Activity Insurance  
Coverage**

Date:

Contact Person:

Department Making Request:

Campus Phone Number:

Campus Address:

Name of Group/Organization:

Destination of Travel:

Mode of Travel:

Date of Departure:

Date of Return:

Total Number of Persons Insured:

Number of Days Involved in Trip or Activity:

Total Amount: \$

IT #

Account #

\_\_\_\_\_  
DEPARTMENT HEAD/CHAIRMAN

\_\_\_\_\_  
DEAN/DIRECTOR

Forward to: Office of Public Safety & Risk Management  
Suite 124 University Public Safety Building  
Phone: 578-3297 Fax: 578-3577

UUU **REQUEST MUST BE RECEIVED BEFORE TRIP/ACTIVITY DATE** UUU

# ORGANIZATION RELIEF FUND APPLICATION

**Registered Student Organization/University Department:** \_\_\_\_\_

\*Please type names in alphabetical order and take to University Registrar (112 Thomas Boyd Hall) before delivering to the Office of the Dean of Students (116 Johnston Hall).

Note: Your signature below authorizes an official check of your University records to assure that you are a full-time student in good academic and disciplinary standing.						Completed by Univ. Registrar		Dean of Students
	Student ID #	Name (Last, First)	Signature	College & Year	Role in Conference	Sch Prob Y or N	Full-time Y or N	Disp Prob Y or N
Ex.		Smith, John	<i>John Smith</i>	A&S 3	Delegate			
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

\_\_\_\_\_  
University Registrar

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office of the Dean of Students

\_\_\_\_\_  
Date