**Departmental Commitment to Process Paperwork and Reimbursement Request for**

**COAST Student Travel Award Applicant**

COAST is accepting applications for both remote and in-person conferences. Digital/electronic signatures are acceptable.

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| --- | --- | --- | --- |
| Student Name: |  | Conference: |  |
| CSU Campus: |  | Conference Location (or Remote): |  |
| Department: |  | Conference Dates: |  |
| Amount Requested from COAST: | | |  |

If the student listed above is awarded COAST Student Travel funds, the Department will assist this student in the planned domestic or international travel in the following ways:

* Direct the student to all required forms.
* Assist the student in completing the forms and obtaining required approvals.
* Assist the student in securing foreign travel insurance, as needed.
* Provide the student with accounting information and procedure for claiming expenses following completion of the conference.
  + COAST permits travel advances if allowed by the campus.
* Reimburse student for eligible expenses up the maximum amount of the COAST award.
* Seek reimbursement from COAST following the student’s conference for eligible expenses up to the maximum amount of the COAST award.
  + Documentation of student’s expenses must be provided.

**We require signatures from both the Department Chair and the Department/College Fiscal Contact committing to what is listed above.** COAST will reimburse the Department (or College) via IFT after receipt of student travel expense documentation. Reimbursement from COAST will be limited to the actual award amount. Expenses in excess of the actual award amount will not be reimbursable by COAST in any case and will be the student’s responsibility. Contact Kimberly Jassowski, ([kjassowski@csumb.edu](mailto:kjassowski@csumb.edu)) with any questions or to seek reimbursement.

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| **Department Chair** | | | | | |
| Name (Printed): |  | Email: |  | | |
| Signature: |  | | | Date: |  |

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| **Department/College Fiscal Contact (for chartfield information and IFT notification)** | | | | | |
| Name (Printed): |  | Email: |  | | |
| Signature: |  | | | Date: |  |