Student Opportunity Fund
2015-2016 Student Travel Request

The University of Kansas School of Music provides travel funds to support the professional development of its students and to increase the visibility of its academic programs. Applicants should note that the fund supports students who have submitted materials (portfolio, audition tape, etc.) in some sort of competitive arena, and who are selected on the basis of peer review of their work. The School of Music Student Opportunity Fund awards competitive grants for the following activities:

1. Support for students to participate in national and regional conferences where they are performing, presenting papers, or presenting workshops.
2. Funding for students invited to perform or present at prestigious regional, national, or international venues.
3. Funding for students to attend a national conference when serving as elected officers of a regional or national organization.

Note that this fund does not cover participation in what would be regarded as a study program.

Eligibility
Students currently enrolled in a degree program in the School of Music are eligible to apply for travel support.

Expenses
Funding is limited, so only transportation, hotel and/or registration fees will be considered. Meals are not covered for reimbursement.

Criteria
Applications will be judged on the significance of the project to the student’s professional development and its contribution to the visibility and reputation of the University of Kansas School of Music.

Application Deadline
No later than one month prior to departure.

Application Procedures Checklist

☐ Complete the attached Student Opportunity Fund form and have it signed by your Division Director.
☐ Compose a one-page, single-spaced narrative which should describe the project and its significance to you and to the School of Music as well as indicate any potential outcomes (i.e., publication, future presentations or performances, etc.) that may result from your travel.
☐ Include a copy of the invitation to present or perform.
☐ Provide documentation of expected travel costs. For example, you could provide a printout from an online travel resource that identifies flight costs and/or lodging costs.
☐ Complete the attached W-9 form if you are a U.S. citizen.
☐ If you are an international student, you will need to complete the attached W-8 form, and take your passport and visa to the Dean’s office to make copies.
☐ Complete the attached Request for Out-of-State Travel form.
☐ If you are a KU employee, you will need to supply a voided check and fill out a direct deposit form.
☐ Deliver the completed application package to Dina Pannabecker Evans, KU School of Music, Room 448 Murphy Hall, 1530 Naismith Drive, Lawrence, KS 66045-3103.

Post-Travel Checklist

☐ Submit all receipts for expenditures in the Dean’s office within two weeks of completion of travel.
☐ Provide a one-page report to Dr. Evans on your travel and its significance to your academic career.

Questions? Contact Dr. Evans at dpevans@ku.edu or 785.864.4466
School of Music Student Opportunity Fund
Student Travel Request
2015-2016

Name: __________________________________________ KU ID #: __________________________

E-mail: _________________________________________ Phone: _____________________________

Address: ______________________________________

__________________________________________________________________________________

Major: _________________________________________ GPA: _________________________________

_____ Undergraduate
    Level: Freshman _____ Sophomore _______ Junior _____ Senior ______

_____ Graduate
    Level: Master’s _____ Doctoral ______

If employed by KU, list KU Employee ID #: __________________________

Event or Conference ________________________________________________________________

Where (City, State) ________________________________________________________________

Dates __________________________________________________________

I. Estimated Expenses (provide documentation):
   Transportation $ _______
   Lodging $ _______
   Registration fees $ _______
   Miscellaneous (indicate types of items, e.g. taxi) $ _______
   Total estimated travel expenses $ _______

II. Funding available from other sources (personal, grants, Graduate School, etc.) $ _______

III. Total funding requested (estimated expenses less other available funding) $ _______

*******************************************************************************

Name of faculty member familiar with your work and/or this project __________________

Division endorsement:

Signature of Division Director ___________________________ Date: _______________________

Comments: _____________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
TRAVEL AUTHORIZATION REQUEST
THE UNIVERSITY OF KANSAS
Lawrence Campus

Submit to Department Business Office on or before trip. 10 days before start date of travel.

Traveler signing for travel must be attached to travel payment voucher. For trip cancellation, notify departmental Business Office.

**TRAVELER FILLS OUT:**

REQUEST FOR:  
- Student Opportunity &/or Student Grant  
- Reimbursement &/or Other

ARE YOU EMPLOYED BY KU?  
- Yes  
- No

Permission is hereby requested for official travel of:

<table>
<thead>
<tr>
<th>Start From</th>
<th>Lawrence</th>
<th>KS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(City)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(State)</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Destination 1</th>
<th></th>
<th></th>
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<tbody>
<tr>
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<td></td>
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<tr>
<td>(State)</td>
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</table>

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<tr>
<th>Destination 2</th>
<th></th>
<th></th>
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<tbody>
<tr>
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<td></td>
<td></td>
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<tr>
<td>(State)</td>
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<th>Destination 3</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>(State)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Travel Dates:
- Departing Date (MM/DD/YYYY):  
- Returning Date (MM/DD/YYYY):

<table>
<thead>
<tr>
<th>Departure Time</th>
<th>Return Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Approx., AM/PM)</td>
<td>(Approx., AM/PM)</td>
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</table>

(Please do not use abbreviations for meetings or organizations)

**ENTER PURPOSE OF TRAVEL here:**

<table>
<thead>
<tr>
<th>Traveler Name</th>
<th>(KU Job Title)</th>
<th>(Department/Unit)</th>
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**TRAVELER ESTIMATES REQUIRED:**

Include any expenses for which you wish to be reimbursed

<table>
<thead>
<tr>
<th>TRANSPORTATION</th>
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<tbody>
<tr>
<td>Airfare</td>
<td></td>
</tr>
<tr>
<td>Mileage</td>
<td></td>
</tr>
<tr>
<td>Taxi or Shuttle</td>
<td></td>
</tr>
<tr>
<td>*Car Rental</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LODGING &amp; MEALS</th>
<th></th>
<th>Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lodging</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meals</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| OTHER            |                |
| Registration     |                |
| Miscellaneous    |                |

Total Estimate:

Any meals included in registration fees?

For information regarding Medical Evacuation and Repatriation Insurance and Business Travel Insurance for all foreign travel, please go to:

http://www.hrco.ku.edu/benefits/medical_evac/index.shtml

**SCHOOL OF MUSIC - Departmental Contact Information:**

For questions regarding this travel request, please contact:

Name: Lisa Shaw  
Phone Number: 4-4105  
E-Mail Address: [email]@ku.edu

**FUNDING:**

<table>
<thead>
<tr>
<th>Vendor ID</th>
<th>Amount</th>
<th>KU Department &amp; Fund</th>
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<tbody>
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</tbody>
</table>

(WA entered in FSKL)

DR WT-BEN (sent to Payables)
ET Direct Deposit entered
EMP (R: Empl.)

If questions arise, please contact the Dean's Office 864-3421

Rev. 9/23/14-kh
Form W-9  
Department of the Treasury 
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2. Business name/disregarded entity name, if different from above.

3. Check appropriate box for federal tax classification; check only one of the following seven boxes:
   - Individual/sole proprietor
   - Corporation
   - Partnership
   - Trust/estate
   - Single-member LLC
   - Limited liability company
   - Other (see instructions)

   Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3).
   - Exempt payee code (if any)
   - Exemption from FATCA reporting code (if any)

5. Address (number, street, and apt. or suite no.)

6. City, state, and ZIP code

7. List account number(s) here (optional)

Requester’s name and address (optional)

Part I  Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II  Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here

Signature of U.S. person

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN). Individual taxpayer identification number (TIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.
Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

For use by individuals. Entities must use Form W-8BEN-E.

Information about Form W-8BEN and its separate instructions is at www.irs.gov/formw8bene.

Give this form to the withholding agent or payer. Do not send to the IRS.

Do NOT use this form if:
- You are NOT an individual
- You are a U.S. citizen or other U.S. person, including a resident alien individual
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services)
- You are a beneficial owner who is receiving compensation for personal services performed in the United States
- A person acting as an intermediary

Instead, use Form:
- W-8BEN-E
- W-9
- W-8ECI
- 8233 or W-4
- W-8IMY

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner

2 Country of citizenship

3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.

City or town, state or province. Include postal code where appropriate.

Country

4 Mailing address (if different from above)

City or town, state or province. Include postal code where appropriate.

Country

5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)

6 Foreign tax identifying number (see instructions)

7 Reference number(s) (see instructions)

8 Date of birth (MM-DD-YYYY) (see instructions)

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of within the meaning of the income tax treaty between the United States and that country.

10 Special rates and conditions (if applicable — see instructions): The beneficial owner is claiming the provisions of Article of the treaty identified on line 9 above to claim a ½ rate of withholding on (specify type of income):

Explain the reasons the beneficial owner meets the terms of the treaty article:

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself as an individual that is an owner or account holder of a foreign financial institution,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
  (a) not effectively connected with the conduct of a trade or business in the United States,
  (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
  (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.

Sign Here

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Print name of signer

Capacity in which acting (if form is not signed by beneficial owner)

For Paperwork Reduction Act Notice, see separate instructions.