



Student Opportunity Fund 2019-2020 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 wish to receive reimbursement via direct deposit you will need to supply a voided check and fill out either the International student (DA-130KU) or Domestic student (ACH) direct deposit form. Deliver the completed application package to Kylie Smith, KU School of Music, Room 446 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 Mrs. Smith on your travel and its significance to your academic career.

School of Music Student Opportunity Fund
Student Travel Request
2019-2020

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 _____

Signature of Faculty Member _____ Date: _____

Comments: _____

**TRAVEL AUTHORIZATION REQUEST
THE UNIVERSITY OF KANSAS
Lawrence Campus**

*Submit to department business office no later than two (2) weeks prior to date of departure.
Written justification for car rental must be attached to travel payment voucher. For trip cancellation, notify departmental Business Office.*

TRAVELER FILLS OUT: REQUEST FOR: <input type="checkbox"/> Student Opportunity &/or Student Grant <input type="checkbox"/> Reimbursement-Other ARE YOU EMPLOYED BY KU? <input type="checkbox"/> YES <input type="checkbox"/> NO	<u>Business Office Use Only</u> Travel Authorization Number _____ Date _____
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Permission is hereby requested for official travel of:

(Traveler Name)	(KU JOB Title)	(Department/Unit)
Start From <u>Lawrence</u> <u>KS</u> (City) (State)	<div style="border: 2px solid red; padding: 5px; color: red; font-weight: bold;">ENTER PURPOSE of TRAVEL here:</div> (Please do not use abbreviations for meetings or organizations)	
Destination 1 _____ (City) (State)		
Destination 2 _____ (City) (State)		
Destination 3 _____ (City) (State)		
Travel Dates: _____ Beginning Date (MM/DD/YY) Ending Date (MM/DE/YY)		
Departure time _____ Return time _____ (approx., AM/PM) (approx., AM/PM)		

TRAVELER ESTIMATES REQUIRED: <i>(Include any expenses for which you wish to be reimbursed)</i> <u>TRANSPORTATION</u> Airfare: _____ Mileage: _____ Taxi or Shuttle: _____ *Car Rental: _____ <u>LODGING & MEALS</u> Lodging: _____ <u>Y/N</u> (will lodging be shared?) Meals: _____ <u>OTHER</u> Registration: _____ Miscellaneous: _____ Total Estimate: _____ Any meals included in registration fees? _____	TRAVELER SIGNS: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td>Signature of Traveler _____</td><td>(Date) _____</td></tr> <tr><td>Chairperson/Unit or Project Director _____</td><td>(Date) _____</td></tr> <tr><td>Dean/Director--Not required if grant-funded _____</td><td>(Date) _____</td></tr> <tr><td>Chancellor, EVC./Provost, Vice President or Designee _____</td><td>(Date) _____</td></tr> </table>			Signature of Traveler _____	(Date) _____	Chairperson/Unit or Project Director _____	(Date) _____	Dean/Director--Not required if grant-funded _____	(Date) _____	Chancellor, EVC./Provost, Vice President or Designee _____	(Date) _____
Signature of Traveler _____	(Date) _____										
Chairperson/Unit or Project Director _____	(Date) _____										
Dean/Director--Not required if grant-funded _____	(Date) _____										
Chancellor, EVC./Provost, Vice President or Designee _____	(Date) _____										
For information regarding Medical Evacuation and Repatriation Insurance and Business Travel Insurance for all foreign travel, please go to: http://www.hreo.ku.edu/benefits/medical_evac_ins/index.shtml											

Business Office Use Only

SCHOOL OF MUSIC - Departmental Contact Information: For questions regarding this travel request, please contact: Name: <u>Lisa Shaw</u> Phone Number: <u>4-4105</u> E-Mail Address: <u>lshaw@ku.edu</u>

FUNDING:

Vendor ID	Amount	KU DEPARTMENT & FUND

W-9 (entered in FSKU)
OR W8-BEN (sent to Payables)
EFT/Direct Deposit entered
EIN # _____ (Stu. Empl.)
Proxy (sent to FSKU for travel)

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
 See Specific Instructions on page 3.

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 of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
				-					

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, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and 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 for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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 (ITIN), 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, later.

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

(Rev. July 2017)

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

OMB No. 1545-1621

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/FormW8BEN for instructions and the latest information.
▶ Give this form to the withholding agent or payer. Do not send to the IRS.

Do NOT use this form if:

Instead, use Form:

- You are NOT an individual W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual W-9
- 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) W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States 8233 or W-4
- You are a person acting as an intermediary W-8IMY

Note: If you are resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

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 and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

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 for chapter 4 purposes,
- 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)



Automated Clearing House (ACH) Authorization

Name of Person (Entity) on Account: _____

Name of Bank Receiving Payment: _____

Please attach your voided check to this form or complete the following:

Transit Routing Number: _____

Bank Account Number: _____

Type of Account: Checking Savings

Email address of Requestor: _____

Phone number of Requestor: _____

Name of Requestor (please print): _____

I hereby authorize the Kansas University Endowment Association (KU Endowment) to initiate credit entries for vendor payments to the account indicated above and the depository named above is authorized to credit such account. Pursuant to the National Automated Clearing Association (NACHA) rules, KU Endowment may initiate a reversing entry or reversing file to recall a duplicate, fraudulent or erroneous entry which was previously initiated. I understand that, if a reversal action is required, KU Endowment will attempt to notify the Requestor about the error and the reason for the reversal.

Signature of Requestor: _____

Please send completed form in US Mail or personally deliver to KU Endowment in a sealed envelope.

***Mail Address:
KU Endowment
Attn: Susan Burton
PO Box 928
Lawrence, KS 66044-0928***

AUTHORIZATION FOR ELECTRONIC DEPOSIT OF SUPPLIER PAYMENT
 (Form must be completed by the Supplier. All fields are mandatory for completed sections.)

Part I: Supplier Information

SMART Supplier ID (Provided by agency. Do not enter SSN or TIN.)			
SMART Supplier Name		Contact	
Street			
City		State	Zip
Telephone Number		Email	

Part II: New Enrollments All suppliers, individual and business, must include proof of checking or savings account (voided check, bank letter, or deposit slip).

Bank Name	Supplier Name as It Appears on Bank Account
Bank Routing Number	Account Number
Account Type (select one): <div style="display: flex; justify-content: space-around;"> Checking Account Savings Account </div>	

Part III: Change in Banking Information Complete all fields in Part II and Part III for a change in banking information.

Old Bank Name	Supplier Name as It Appears on Bank Account
Old Bank Routing Number	Old Account Number
Date of Recent Payment	Amount of Recent Payment

Part IV: Signature of Supplier

I, the undersigned, authorize the State of Kansas and the University of Kansas Center for Research, Inc. to originate future electronic deposit entries directly into my checking or savings account indicated above and to correct any errors which may occur from the transactions. I also authorize the Financial Institution to post these transactions to that account. This authorization is to remain in force until the State of Kansas and the University of Kansas Research Center, Inc. receives written notice of cancellation from me. I certify under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct.

Signature

Date

Name (printed)

Job Title

Part V: Agency Certification (to be completed by agency)

I, the undersigned, certify that I have contacted this supplier and have verified the information is true and correct and that the contact is authorized to make account changes for the supplier.

Signature

Date

Print Name

Agency Number

Agency Phone Number

Supplier Contact Name

Supplier Contact Phone/Email