




Office of College Activities

2500 Carlyle Avenue • Belleville, IL 62221-5899

866-942-SWIC (7942), ext. 5561 • 618-235-2700, ext. 5561 • Fax 618-641-5757

TO: Club Sponsors

FROM: Amy Brockman, Director of Student Life, Student Activities 

CC: Chief Mark Green, Director of Public Safety
Jennifer Edwards, Campus Resource/Compliance Officer
Staci Clayborne, Vice President for Student Development

DATE: November 15, 2016

SUBJECT: Clery Act/Campus Security Authority (CSA) Travel Duties and Responsibilities

Effective immediately according to the ongoing reporting obligations of the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (Clery Act), all clubs and organizations must submit documentation to the College Activities Office **prior** to traveling with students for any overnight stay. Public Safety **must** have this information on file!

Please provide the following to ensure we have all necessary documentation before you travel.

Activities Approval Form
Vehicle Request Form (if applicable)

EACH STUDENT TRAVELING NEEDS:

Consent Form (for photos)
Travel Waiver & Consent
Off Campus Travel Form (list of emergency contacts)

Conference *or* Reason for Travel (Note: Any stay over 3 consecutive days, at any one location or any re-occurring location over multi-years, must be reported for crime statistics.)

Name
Address
Contact Information

Hotel/Lodge/Resort/Camp Information

Name
Address
Phone
Dates (Duration of Stay)
Room Assignment (Note: If not available before departure, please provide upon return to Public Safety, Lt. Jen Edwards, via email @jennifer.edwards@swic.edu)
Has this location been used by your club or organization previously? If Yes, please provide the previous dates used.

Your cooperation is appreciated!

Southwestern Illinois College
Vehicle Reservation Form

Vehicle Requested: _____

Out: Date: _____ Month / Day / Year Time: _____ AM ☐ PM ☐

In: Date: _____ Month / Day / Year Time: _____ AM ☐ PM ☐

Number of Passengers including driver: _____

Destination: _____

Approximate mileage (round trip): _____

Reason for use: _____

Sponsor Signature and Date

Department and Extension #

Driver Signature

Date

* Dean Signature

* Department Head Signature

* Director Signature

Date

* Only one of the above is necessary

ACTIVITIES APPROVAL FORM**Office of College Activities****Southwestern Illinois College**(Must be submitted **three (3)** weeks before scheduled event)

Club Name: _____ Today's Date: _____

Event Contact (s): _____

Email: _____ Telephone: _____

Activity or Event Name: _____ # of Attendees _____

Event Date(s): _____ Start Time: _____ End Time: _____
(Include Setup & Tear Down Time)

Description: _____

Location Preferences:

1st Choice: _____ 2nd Choice: _____

Please use an (X) to indicate items needed below:

Independent Contract Packet: _____ Dry Erase Board for Signage: _____

Popcorn Machine Contract: _____ Cash Box & Contract: _____

Travel Packet: _____ Raffle Packet: _____

Will the group solicit donations from the community? _____

If yes, send an email to Haley Thompson, Director of Foundation at haley.thompson@swic.eduand **copy** Amy Brockman, Director of Student Life at amy.brockman@swic.edu.

Be sure to name the organization, the purpose of solicitation, contact information, and any other information at least three (3) week before the event...

Officer's Signature: _____**SPONSOR NOTE:** College Regulations require a sponsor to be present at approved events.*I represent the organization sponsoring the event and I accept responsibility for this request.***Sponsor (Signature):** _____**Sponsor (Printed):** _____

Email: _____ Telephone: _____

OFFICE USE ONLY:

Activity Approved: _____ If not approved, REASON: _____

Director of Student Life: _____ Date: _____

SOUTHWESTERN ILLINOIS COLLEGE
COLLEGE ACTIVITIES WAIVER AND RELEASE

or relating to any loss, damage or injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of my participation in the Southwestern Illinois College Activities Program, and I further hereby agree to indemnify and save and hold harmless the Releasees and each of them, from any loss liability, damage or costs they may incur during my participation in the Southwestern Illinois College Activities Program. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assignees and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named Releasees.

7. I agree that this release shall be governed for all purposes by Illinois law. Notwithstanding anything herein to the contrary, I understand that all terms and conditions of this Release shall be construed or interpreted as consistent with, and not as a waiver, express or implied, or any of the immunities, rights, benefits, protection, or other provisions of the Illinois Local Governmental and Governmental Employees Tort Immunity Act (7485 ILCS 10/1 *et seq.*) as now or hereafter amended.

8. I agree that should any provision of this Release be found to be unenforceable, that all remaining provisions of this Release will remain in full force and effect.

9. I agree that any dispute and/or legal action arising out of this Release and/or concerning my participation in the Southwestern Illinois College Activities Program must be resolved by binding arbitration through the American Arbitration Association in Belleville, Illinois. In the event of such arbitration, each party shall bear its own costs, including attorney's fees, except that I agree to fully indemnify Southwestern Illinois College, Illinois Community College District No. 522, for all of its costs (including attorney's fees) if I commence an action nor claim against Southwestern Illinois College, Community College District No. 522, upon claims I have previously released or waived under this Release.

10. I have read and fully understand this entire Release, I acknowledge that I have had the opportunity to review this Release with an attorney of my choosing if I so desire, and I agree to be legally bound by this Release.

Releasor's Signature

Date

Releasor's Printed Name

If Releasor is under eighteen (18) years of age:

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

SOUTHWESTERN ILLINOIS COLLEGE
COLLEGE ACTIVITIES WAIVER AND RELEASE

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Date

Releasor's Printed Name

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Parent/Guardian Signature

Date

Parent/Guardian Printed Name



2500 Carlyle Avenue, Belleville, IL 62221-5899

Consent Form

The undersigned hereby represents that I am 18 years of age, and if applicable, am the parent and/or legal guardian of the person named below (the "Minor"), and authorize Southwestern Illinois College (the "College") to interview me or the Minor, photograph and/or record my image, or the image of the Minor, and/or record the voice of myself, or that of the Minor, and publish my image and/or voice in printed materials, motion pictures, the internet, and media outlets, including but not limited to newspapers, magazines, television, radio, or any other print or electronic/digital medium, for the exclusive purpose of promoting the College and/or all affiliated entities in any medium currently existing or hereafter developed. In addition, I hereby grant the College the right to quote or paraphrase all or any portion of the interview materials.

Furthermore, the undersigned does hereby release and hold harmless Southwestern Illinois College, its Trustees, employees and agents, from any and all claims, demands, actions, complaints, suites or other form of liability for damages, including but not limited to libel, slander, invasion of privacy or any other claim, arising out of or by reason of the aforementioned use of images(s), recording(s) and materials.

Moreover, the undersigned does hereby agree that no monies or other consideration in any form, including reimbursement for any expenses incurred by me (or the Minor), will become due to me (or the Minor), my (our) heirs, agents, or assigns at any time because of participation in any of the above activities or the above-described use of image(s), recording(s) and material(s).

The above consent is given freely and voluntarily without any promises, threats or duress.

Name: _____ Signature: _____

Address: _____ Date: _____

City: _____ State/Zip: _____ Phone Number: _____

Parent or guardian signature if the above is under 18 years of age: _____

Witnessed by: _____ Date: _____

Dept. Name: _____ Project Number: _____

Detailed Photo Description: _____

Revised 6/13

Southwestern Illinois College
College Activities
Off-Campus Trip Form

Student's Name (Please Print) _____

Student ID# _____ Age _____

Address _____ City _____ Zip Code _____

Home Phone No. _____ Cell _____ Email _____

Trip To _____ Date of Trip _____

Name of Activity/Conference _____

Hotel Name & Phone Number _____

In case of Emergency, Contact:

Name _____ Relationship _____

Home Phone No. _____ Business Phone No. _____

Email _____

In order to safeguard my physical health and safety and of my fellow students, and to protect the good name and reputation of Southwestern Illinois College while on this trip, I agree to:

1. Observe all federal, state, and local laws as well as Southwestern Illinois College rules and regulations at all times.
2. Conduct myself in a mature and responsible manner, keeping in mind that I am representing Southwestern Illinois College.
3. Attend all activities, meetings or sessions during the conference/trip unless the trip sponsor gives prior approval otherwise.
4. I will not use, nor be associated with any illegal drugs.
5. I will not consume any alcoholic beverages.
6. I will treat those from SWIC and other schools with respect.
7. I will not destroy the property of any student or of any establishment.
8. I will display no acts of violence towards anyone or anything.
9. I understand that the sponsor has the right at any time to check the rooms for which the school is responsible.
10. I will not have anyone other than the individuals assigned to my hotel room sleep in it over night.

Southwestern Illinois College reserves the right to disallow, discontinue and cancel any participant's trip with reasonable cause.

I understand that I am responsible for my conduct on the trip and in no way is the college and or college personnel liable for the effects of my conduct on the trip. I have read and understand the rules of this form, and agree to abide by them.

Student Signature

Date

Sponsor Signature

Date

Student Travel

Date(s) of Travel: _____

Advisor: _____

Office Phone: _____

All information must be provided for each traveler including the advisor.

[illegible]



Cash Advance Procedures

In accordance with IRS Regulations, Board Policy 6009 (Travel Reimbursement) and the attendant Administrative Procedures (6009 AP) Section E, Cash Advances, the following is being called to your attention:

- 1) By accepting a Cash Advance, I am responsible for providing documentation (by evidence of a signed Travel Expense Voucher with all appropriate and available receipts attached) to substantiate that the Cash Advance was properly used in conjunction with college travel or purchases of needed items.
- 2) It is my responsibility to file documentation of the Cash Advance spent and the return of any unspent Cash Advance (as evidenced by a cash receipt provided by the Business Office cashiers) **within 30 days of the receipt** of the Cash Advance.
- 3) My failure to comply with the timely documentation and return of unused funds **will require the College to report this Cash Advance on my W-2 Wages and Tax Statement or other appropriate tax statement. In addition, I acknowledge that I will be prohibited from receiving any future cash advances.**
- 4) Requests for cash advances should be received by the Business Office no later than seven (7) working days prior to the day of travel and will be issued no earlier than three (3) working days prior to the day of travel.
- 5) Include the date of the actual event and the date the check is needed on the Payment Request Voucher.
- 6) Cash advances are limited to \$300. Any exceptions must be pre-approved by the Vice-President of Administrative Services. The Director of Purchasing can assist with direct billing arrangements.

I, _____, have read and agree to the statements above:
(printed name)

Amount of Cash Advance: _____

Signed: _____ Date: _____

Employee ID: _____

Activity Payment Request Voucher

Southwestern Illinois College

Student Clubs & Organizations

Belleville Campus
2500 Carlyle Avenue
Belleville, Illinois 62221

Granite City Campus
4950 Maryville Road
Granite City, Illinois 62040

Red Bud Campus
500 W. South Fourth Street
Red Bud, Illinois 62278

Date: June 27, 2017

Club/Organization: College Activities

Invoice #:

Employee ID#

Invoice Date:

Amount:

Activity:

Please indicate date check needed:

Pick up Instructions:

Pay to:

Address:

City:

State:

Zip:

NOTE: Account Code AND DeptID REQUIRED.

Acct	Dept ID	Fund	Prog	Class	Proj/Grt	Amount

Signed:

Activity/Organization Sponsor

Signed:

Vice President for Student Development

Signed:

Director of Student Life

Signed:

Vice President for Administrative Services

Signed:

Campus Executive Director

Signed:

President

To be prepared in triplicate
Attachments: Invoice, Stapled to Original
Original - Business Office
Copy 2 - Activities Office
Copy 3 - Student Organization

Travel Expense Voucher

Southwestern Illinois College

2500 Carlyle Avenue
Belleville, IL 62221

Printed Name: _____
Employee ID#: _____
Remit Address: _____
City, State, Zip: _____
Department: _____
Date: _____

For Office Use:

Check # _____
Check Date _____
Voucher # _____
Vendor # _____
Travel Dates _____

Account Code AND DeptID Required

Acct	Dept ID	Fund	Prog	Class	Proj/Grt	Amount

Acct	Dept ID	Fund	Prog	Class	Proj/Grt	Amount

Purpose of Trip and/or Persons Entertained:

Illinois Arts Council Agency Poetry Out Loud State
Competition__Represented the Southern Ill. Regional Coordinators at

Special Handling Instructions:

Itemize Expenses for Each Day

Date	Destination	Lodging*	Meals/Tips**	Transportation (Miles or Rental*)				Other***	Total
				@	\$ 0.535	=	\$ -		\$ -
				@	\$ 0.535	=	\$ -		\$ -
				@	\$ 0.535	=	\$ -		\$ -
				@	\$ 0.535	=	\$ -		\$ -
				@	\$ 0.535	=	\$ -		\$ -
				@	\$ 0.535	=	\$ -		\$ -
				@	\$ 0.535	=	\$ -		\$ -
				@	\$ 0.535	=	\$ -		\$ -
				@	\$ 0.535	=	\$ -		\$ -
		Totals:	\$ -	\$ -			\$ -	\$ -	\$ -

* Original Receipts Mandatory

** Original Receipts Mandatory if over \$15 per day

*** Original Receipts Mandatory if over \$10 per day

Note: Mileage Reimbursement Rate Effective 1/1/16
Grant Mileage rate may vary

Total Expenses	\$ -
Less Cash Advance	\$ -
Total Reimbursement Requested	\$ -

I certify that the above expenses were necessary and incurred in the performance of official functions.

Signed _____
(Traveler Signature Required)
Approved _____
(Program Coordinator/Dept. Head)
Approved _____
(Dean)
Approved _____
(Director of Student Life)

Approved _____
(Vice President)
Approved _____
(Vice President Admin. Services)
Approved _____
(President)

District 522 will not reimburse first class fares when coach or tourist fares are available. Cost of alcoholic beverages, fines or traffic tickets, insurance on luggage, or costs of spouse or others who accompany traveler will not be reimbursed. District 522 assumes no responsibility for lost, stolen, or damaged items. Any unused cash advance must be returned to the college within 30 days.

Southwestern Illinois College - Deposit Receipt

2500 Carlyle Avenue

Belleville, IL 62221

Dept. Name: College Activities

Total Deposit: _____

(Sum A+B+C+D)

Description: _____

Account #: 590980

Received by: _____

Dept. #: _____

Date: _____

Proj/Grant: G00000

Fund Code: 10

Program: 3060

Class: 100

Coins

Cash

Checks

Pennies _____

1's _____

Nickels _____

5's _____

Dimes _____

10's _____

Quarters _____

20's _____

Halves _____

50's _____

Dollars _____

100's _____

C) CHECK TOTAL _____

Money Orders

D) MO TOTAL: _____

A) TOTAL: _____

B) TOTAL: _____

SIGNATURE DATE