

**Student Organization Travel Planning Form**

Group Name:	Name of the Trip
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**Contacts Information**

Student Contact # 1	Email	Phone Number
Student Contact 2	Email	Phone Number
Advisor's Name	Email	Office Phone
		Cell Phone

**Purpose of the Trip**

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**Contracted Organization/Agency Information (if applicable)**

Organization/Agency	Address	Phone Number
Name of Contact	Email	Fax Number

**Notes:**

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My group has met with my advisor to discuss this trip.  Yes  No  
 Contract(s) Completed:  Yes  No

**Travel Information**

<b>Travel Destination</b>		
City	State	Country
<b>Dates of Travel</b>		
Date Leaving	Time	Location
Date Returning	Time	Location

<b>Lodging Information</b>			
Name of Hotel/Lodging		Address	Phone
<b>Transportation</b>			
Air	Departure City/Airline/Flight #	Return City/Airline/Flight #	Travel Arrangement Made By
Auto/Van	Motor Pool	Motor Pool Reservation #  All Drivers Must Be Certified And Listed on <b>Form</b>	
Bus	Company	Contact Information	Certificate of Insurance on File  Date Received:
<b>Travel Budget</b>			
Expense	Cost	Paid by Group	Paid By Members
Transportation			
Gas/Airport Transportation			
Lodging			
Meals			
Supplies			
Miscellaneous (Tolls/Parking)			
<b>Emergency Plans for Funds</b>			
<b>Communication Plan</b>			
Student In Charge of Travel			
President of the Organization			
Advisor's Signature			
<b>Date Submitted</b>		<b>Date Approved</b>	