

Trip Itinerary

Complete one form for the entire group. Fill all blank spaces or mark N/A if not applicable.*

Group: _____

Purpose of trip: _____

Destination/Place: _____

Date of departure: _____ Estimated time & location: _____

Date of return: _____ Estimated time & location: _____

Contact person during trip: _____ Cell Number: _____

1. **Accommodations:** _____

Address: _____ Phone: _____

2. **Method of transportation (check all that apply; all drivers need to be listed)**

Flying: (list airline and flight numbers or attach itinerary *for each traveler*).

Chartered Bus/Vehicle Rental: _____
Company Name Phone Number

Driving in personal vehicle: (list names of drivers & license plate numbers of all vehicles)

List all drivers including those driving rentals. Use reverse side to add additional drivers.					
Driver's Name	Driver's License Number	Vehicle Insurance (Company name)	Vehicle License Plate number	State Inspection Expiration	UPD- Good Driving Record Verified

3. **Route (include any pre-planned stops)** _____

4. **Trip Sponsored By:** _____
Name of Student Organization or Group Sponsoring Department

List faculty / staff traveling with the group: _____

5. **Travel Approval**

Signature of Faculty/Staff Activity Sponsor	Position	Phone
Signature of Chair/Director/Dean or Appropriate Administrator	Position	Phone

*Adapted from Form 1 of Dean of Students' office