

Instructor(s) / Advisor(s) in Attendance _____

Department & Course or Organization _____

Destination _____

Purpose of Trip _____

Departure Time _____ Departure Date _____

Return Time _____ Return Date _____

Means of Transportation _____
(If College Vehicle is requested, arrangements must be made in advance with the Institutional Facilities Department.)

Name of Driver(s) and driver's license number(s) _____

**Names of Individuals Attending - Please complete page 2 and attach
(must include names of all individuals and emergency contact information).**

Number of Individuals Attending _____

Initiator's Signature

Date

Approval Signatures:

Department Chairperson, Program Director or Coordinator

Date

Division Chairperson (if applicable)

Date

Vice President for Instruction

Date

**PLEASE SUBMIT COMPLETED FORM TO HUMAN RESOURCES
(At least one week prior to travel date)**

Request must include list of all attendees in order to be processed.

	<u>Student Name</u>	<u>Emergency Contact</u>	<u>Contact Phone #</u>
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