

Student/Group Travel Authorization

Date: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_ J# (Required) \_\_\_\_\_

Employee Name: \_\_\_\_\_ Dept: \_\_\_\_\_

Travel Dates \_\_\_\_\_ to \_\_\_\_\_ Destination: \_\_\_\_\_

Number of Students Traveling: \_\_\_\_\_ Students will be accompanied by: \_\_\_\_\_

Will College Funds be used to fund any portion of this trip? Yes ☐ No ☐

Account # \_\_\_\_\_ Purpose of Travel \_\_\_\_\_

Need College Vehicle? Yes ☐ No ☐ If yes, reserve through Physical Plant. Please attach list to this form of any passengers who are not employees or students

Expenses will be at: College Expense ☐ Personal Expense ☐ Other Expense ☐

Student Affairs/Travel Approval Liability Waivers Received? Yes ☐ No ☐ # \_\_\_\_\_

I Certify that I will take responsibility for conducting this student/group travel according to the policies and guidelines in place. In addition, I certify that I will have inform(ed) students on the trip of the college requirements governing student travel.

Signature/ Date: \_\_\_\_\_

Estimated travel expenses will be:

_____ Miles @.67		<input type="text"/>
_____ Nights Lodging @	_____ Per Night	<input type="text"/>
_____ ¾ Days Meals	_____ Per Day	<input type="text"/>
_____ Full Days Meals	_____ Per Day	<input type="text"/>
_____ Common Carrier Costs		<input type="text"/>
_____ Other Costs		<input type="text"/>
Summary of Other <input type="text"/>	Total Estimated Costs	<input type="text"/>

This trip is: Individual Professional ☐ Required by Employer ☐

If this is professional travel, state then number of previous trips since July 1<sup>st</sup> of the current fiscal year: \_\_\_\_\_

\_\_\_\_\_  
Person Traveling

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Approving Authority (when applicable)  
Vice President for Financial & Administrative Affairs

\_\_\_\_\_  
President (when applicable)