

ANGELO STATE UNIVERSITY

Student/Group Travel Form

Please complete this form **at least 10 working days prior to the trip** and provide a copy of this form to the University Police.

Please print or type

Sponsoring Organization _____

Trip Coordinator _____ Phone (O) _____ (H) _____

Destinations _____
(If multiple destinations, please attach a trip itinerary)

Purpose of Trip _____

Date(s): From _____ To: _____

Transportation _____ Airline/Bus/Train (carrier) _____
_____ By university contracted rented vehicle
_____ By personal Vehicle (license plate number) _____, state _____
_____ Other _____

Date and time of departure _____

Date and estimated time of arrival at destination _____

Name of Driver(s) _____ Name of Alternate Driver(s) _____

DL#(s) _____ DL#(s) _____

Lodging

Name of hotel/motel _____
(If multiple destinations, please attach additional accommodations)

Address _____ Phone Number _____

Address and phone number, if other than above, where you may be reached: _____

Provide the name of the Advisor accompanying this trip. (If more than one person, please attach additional names.)

Name _____ ASU Phone Number _____ Home Phone Number _____

Are University resources being used to fund any portion of this trip? Yes _____ No _____

I certify that the organization I represent has agreed to sponsor this trip and will take responsibility for conducting it according to the policies governing such matters. The sponsoring organization takes sole responsibility for all financial obligations and for the actions, activities, and products associated with this trip. In addition, I certify that I will/have inform(ed) others on the trip of the University requirements governing student travel.

Sponsoring Organization President Address Phone Date

Sponsoring Organization Advisor Address Phone Date

Date Received Approval

Appropriate Vice President - Student travel without employee accompaniment Date