**Travel Planning Form for On-Campus Academic Program Activities Going Off-Campus**

*The information requested below will be used in case of emergencies and is limited to the duration of the trip.*

Date Submitted:

Faculty Leader: Mobile Phone:

Departure Date, Time: Return Date, Time:

Traveling with Group?: Yes No If no, who will be the contact for the trip?

Nature of Event (conference, work trip, etc.):

Destination:

Travel Dates: Number of Students Participating:

**Transportation:**

Will you be using College-owned vehicles? Yes No

Type and Number: Automobiles Mini vans 10-passenger vans

Are you contracting with a commercial carrier? Yes No

If yes, list the name and phone number:

If you are planning to use personal vehicles, list each driver (max of five vehicles):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Driver #1: |  | Cell ph #: |  | # of passengers: |  |
| Driver #2: |  | Cell ph #: |  | # of passengers: |  |
| Driver #3: |  | Cell ph #: |  | # of passengers: |  |
| Driver #3: |  | Cell ph #: |  | # of passengers: |  |
| Driver #4: |  | Cell ph #: |  | # of passengers: |  |

*At least one person in each vehicle must have a working mobile phone.*

**Travel Itinerary:**

Attach a detailed plan of travel including specific information about each day’s activities, hotel/motel and other lodging, contact person/host name(s) and telephone number(s), etc. If you are not traveling with your group, include a schedule of intended contact throughout the course of your trip. If flying, please provide airline name, flight dates, and flight numbers.

**Roster of Participants:**

ATTACH A ROSTER of all students and guests who will be participating.

Faculty Signature: Date:

***Submit to the Office of the Provost (***[***dgood@gustavus.edu***](mailto:dgood@gustavus.edu) ***or*** [***poloughl@gustavus.edu***](mailto:poloughl@gustavus.edu)***)***

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