

GROUP/TEAM TRAVEL AUTHORIZATION REQUEST FORM

The completed form **MUST** be approved at least two weeks prior to your trip.

RUO: _____ Title: _____

Department: _____ Supervisor: _____

Depart Date: _____ Return Date: _____

RUO Cell Phone Number: _____ RUO Email: _____

Event Name: _____

Event Destination: _____

Purpose of Travel: _____

Mode of Transportation: Rental Car Van Bus Airline Other: _____
Provide the number of each type of vehicle

LIST DETAILED ITINERARY BELOW (OR ATTACH)

Date	From	To		Depart Time	Arrive Time	Airline/Flight # (if applicable)

Notes: _____

RUO Print Name: _____

RUO Signature: _____ Date: _____

_____ Date _____

Chief Student Affairs Officer Approval

GROUP TRAVEL TRIP INFORMATION FORM

Completed form due in the Office of Student Affairs 1 week prior to departure.

EVENT GROUP NAME: _____

RUO : _____

RUO CELL PHONE: _____ RUO EMAIL: _____

DATES OF TRAVEL: _____

CERTIFIED DRIVERS (IF APPLICABLE): _____

HOTEL OR OTHER ACCOMMODATIONS NAME: _____

HOTEL OR OTHER ACCOMMODATIONS ADDRESS: _____

_____ PHONE # _____

TRAVEL GROUP MEMBER LIST:

You may complete and attach a spreadsheet if you wish.

	NAME	TITLE <small>(student, volunteer, RUO, etc)</small>	EMERGENCY CONTACT
1.		RUO	NAME: PHONE:
2.			NAME: PHONE:
3.			NAME: PHONE:
4.			NAME: PHONE:
5.			NAME: PHONE:
6.			NAME: PHONE:
7.			NAME: PHONE:
8.			NAME: PHONE:
9.			NAME: PHONE:
10.			NAME: PHONE:
11.			NAME: PHONE:
12.			NAME: PHONE:

SIGNATURE OF RUO: _____ DATE: _____