

# T ravel P lanning F orm

Date Submitted: \_\_\_\_\_  
 Student Organization: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Who is submitting this form:  
 Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Please submit in place of an Event Planning Form to Student Activities and Organizations, Office of the Dean of Students, Schleman Hall Room 250. This needs to be done **at least** two weeks before departure date. International travel requires more time and additional approvals.

### Basic Information

Departure date \_\_\_\_\_ Time \_\_\_\_\_ a.m./p.m. Return date \_\_\_\_\_ Time \_\_\_\_\_ a.m./p.m.  
 Destination \_\_\_\_\_ Purpose of Travel \_\_\_\_\_  
 Who is in charge of the trip? \_\_\_\_\_ Phone \_\_\_\_\_  
 If travel is by privately-owned vehicle, give driver's name \_\_\_\_\_ Phone \_\_\_\_\_

When traveling by privately-owned vehicles, the owner's insurance coverage is the **primary** coverage and each **driver and owner** should carry at least \$100,000 liability coverage. When traveling in a non-University-owned **rental** vehicle, the driver's coverage is the **primary** coverage if the rental agency does not provide liability coverage. Therefore, the organization is encouraged to use a rental agency that does provide primary liability coverage. If the agency does not provide this coverage, each driver and owner is responsible to ensure that they have at least \$100,000 in liability coverage. The University **does not** provide coverage for liability or physical damage for private or rental vehicles used by student organizations. No student organization funds may be used to purchase alcoholic beverages or any services related to alcohol (bartender fees, tips, etc.).

### Mode of Transportation and Estimated Expenses from Student Organization Funds

a. **University Vehicle**  yes  no—Estimated cost: (Transportation forms must be attached) \_\_\_\_\_  
 b. **Rental Vehicle**  yes  no—Estimated cost: \_\_\_\_\_  
 c. **Private Vehicle**  yes  no—Est. cost: \_\_\_\_\_ miles @ \_\_\_\_\_ ¢(not to exceed .40) per mile w/ \_\_\_\_\_ car(s) \_\_\_\_\_  
 d. **Plane fare**  yes  no \$ \_\_\_\_\_ per traveler with \_\_\_\_\_ traveler(s) \_\_\_\_\_  
 e. **Registration fees** \$ \_\_\_\_\_ per person with \_\_\_\_\_ person(s) \_\_\_\_\_  
 f. **Lodging costs** rate \_\_\_\_\_ x number of rooms \_\_\_\_\_ x number of days \_\_\_\_\_  
 g. **Subsistence** (may not exceed \$26 per day per person for in-state travel; \$32 per day per person, out-of-state travel)  
 Rate \_\_\_\_\_ x number of travelers \_\_\_\_\_ x number of days \_\_\_\_\_  
 h. **Miscellaneous costs** (i.e., parking, tolls, itemized food receipts, etc.) \_\_\_\_\_  
**Total Estimated Expenses** \$ \_\_\_\_\_

### Estimated Income Related to this Travel

a. Estimated income from travelers \$ \_\_\_\_\_ per person with \_\_\_\_\_ person(s) \_\_\_\_\_  
 b. Other income sources (list) \_\_\_\_\_  
**Total Estimated Income** \$ \_\_\_\_\_

**ESTIMATED COST TO STUDENT ORGANIZATION (the difference between expenses and income)** \$ \_\_\_\_\_

### Travelers and Reimbursement Amounts

List each person traveling. Indicate those who may be reimbursed for their expenses. Please use additional sheet if needed.

Name	Type of Reimbursement	Amount
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

### Urgent Situation Information

Name of staff member(s) accompanying travelers \_\_\_\_\_ Phone \_\_\_\_\_  
 Address where students may be reached \_\_\_\_\_ Phone \_\_\_\_\_  
 Any other emergency contact information \_\_\_\_\_

### Approvals

Treasurer, president, and advisor's signatures must be on form before ODOS and BOSO will sign.

Signature	Date	Signature	Date
Treasurer			
President		Office of the Dean of Students/SCHL 250	
Advisor		Business Office for Student Organizations/SCHL 213	