

***Student Travel***

***Group Authorization & Contact Form***

|  |
| --- |
| ***Flight information (or attach airline itinerary)******(include airline name, flight numbers and dates/times of travel)*** |
|  |
|       |
|       |

|  |
| --- |
| Travel Monitor Name and Affiliation with Group:  |
| Academic Department or Student Organization Name:  |
| Reason for Travel:  |

***Please print or type all responses***

|  |  |
| --- | --- |
| ***Travel Itinerary***Travel is: [ ]  Domestic [ ]  International |  |
| Travel Dates: |  | Destination(s): |
| to  |  |  |
|       to       |  |       |
| **to**  |  |  |

|  |  |
| --- | --- |
| ***Mode(s) of Ground Transportation******Check all that apply*** | ***Applicable Requested Information*** |
| **[ ]  UC Transportation van, bus or automobile** |  |
| **[ ]  UC Org Unit Vehicle (provide unit name)** |  |
| **[ ]  Private Automobile(s) (provide license no(s) and owner names)** |  |
| **[x]  Chartered bus/vehicle (provide company name, address, phone and name of UC employee booking reservation)** |  |
| **[ ]  Other (provide carrier contact information and name of UC employee booking reservation** |  |

|  |
| --- |
| ***Accommodations******(include facility name(s), address(es) and phone number(s))*** |
|  |
|  |
|  |

**Will a faculty member or advisor be accompanying the students**

**on the trip? [ ]  Yes (provide name, email and phone no.) [ ]  No**

***Submitted by:***

Travel Monitor’s Signature/Date Print Name

***Submitted to:***

Campus Contact Signature/Date Print Name

***Authorized by:***

Sponsoring Department/Organization/Date Print Name

***Travel Roster (please print or type)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Traveler** | **Traveler’s Phone Number** | **Emergency Contact Person** | **Emergency Contact Phone Number** |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |