

**Midwestern State University
Student/Group Travel Form**

To register a trip, please complete this form and submit to the Dean of Students **AT LEAST 10 WORKING DAYS PRIOR TO THE TRIP.**

PLEASE PRINT OF TYPE

Sponsoring Organization _____

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

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

Purpose of Trip _____

Date(s): From _____ To _____

Transportation [] airline/bus/train (carrier _____)
[] By university vehicle
[] By university 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 provide additional accommodations)

Address _____ Phone Number _____

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

Check all that apply: You will be accompanied by your: advisor [] other Midwestern Faculty/Staff member []
Or Other [] _____

Provide information on who will be accompanying your: (if more than one person, please attach additional names.)
Name _____ MSU Phone Number _____ Home Phone _____

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 INFORMED(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 _____

