# TARLETON STATE UNIVERSITY

Student/Group Travel Form

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

***PLEASE PRINT OR TYPE***

Sponsoring Organization_____

Trip Coordinator_____ Phone (H)_____
(Person completing travel paperwork) (W)_____
(C)_____

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

Purpose of Trip_____

Date(s): From_____ To_____

Time of departure_____ Estimated time of arrival at destination_____

**Transportation** ___Personal vehicle ___ University vehicle ___ University rented vehicle
___Airline/bus/train (carrier _____)
___Other_____

Name of Driver _____ Drivers License # _____

Name of Driver _____ Drivers License # _____

Name of Driver _____ Drivers License # _____

If traveling by personal vehicle, how many vehicles will be taken on trip? _____

**Lodging**

Name of hotel/motel/residence_____
*(If multiple destinations, please provide additional accommodations)*

Address_____ Phone Number_____

**Contact Person(s) <u>ON</u> the Trip: (This person(s) should be able to answer questions in case of an emergency.)**

_____ _____
Name Cell Phone Number

_____ _____
Name Cell Phone Number

Will be accompanied by your: ____advisor _____other Tarleton Faculty/Staff member ____N/A
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 RESPONSIBILTY FOR ALL FINANCIAL OBLIGATIONS AND FOR THE ACTIONS, ACTIVITIES, AND PRODUCTS ASSOCIATED WITH THIS TRIP. IN ADDITION, I CERTIFY THAT I WILL/HAVE INFORM(ED) OTHERS ON THE TRIP OF THE UNIVERSITY REQUIREMENTS GOVERNING STUDENT TRAVEL.***

_____
Sponsoring Organization Representative Address Phone Date

_____
Sponsoring Organization Advisor Address Phone Date

**Note: Following registration of this trip you should obtain a waiver of liability that each traveler must complete prior to leaving. Completed waivers must be returned to the appropriate university office prior to departure.**

Date Received _____ Approval _____