

Student Organization/Conference Travel Form

Traveling Organization/Student:		
Trip Coordinator Email:		Contact Phone #:
General Travel Information		
Destination:		Estimated Mileage from CNU (one way):
Purpose of Travel:		
Description of travel route, include any scheduled stops:		
Departure Date and time:		Arrival Date and time:
Return Date and time:		
Method of travel: <small>(indicate if personal vehicle, rented vehicle, CNU vehicle, commercial carrier)</small>		
Advisor name (for student organizations only):		Advisor contact email/phone:
Is advisor traveling with organization?		
Driver Information		
Driver #1	Name:	License Plate #
Driver #2	Name:	License Plate #
Driver #3	Name:	License Plate #
Driver #4	Name:	License Plate #
<small>Additional Drivers should be listed on the back</small>		
Financial Information		
Registration Fee per person (if applicable):		Is CNU to pay directly? Yes No
Lodging Information (if applicable):		
Hotel Name and Location:		Is CNU to pay directly? Yes No
Phone Number:		Fares (taxi, shuttles, etc):
Cost per room:		
Parking fees (if applicable):		
Other expenses:		
I verify that to the best of my knowledge, the information on this form is accurate and correct.		
Signature of Travel Coordinator:		Date:
Signature of Advisor:		Date:

Travel Participants Information			
Name	Student ID#	Emergency Contact	Emergency Phone
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			