

Student Activities Group Travel Application

Paperwork deadlines:

Day Trips = due 2 weeks before departure.

Travel w/ Overnight Stay = due 6 weeks before departure.

Name of Club: _____ Today's date: _____

Name of Conference/Event: _____

Dates of travel: _____

Name of Advisor(s) who will be traveling with students: _____

Campus Ext.: _____ Cell Phone number *while traveling*: _____

How does this trip support the mission of the sponsoring club?

Current club account balance (as of date of application): _____

Attachments required:

- List of Anticipated Attendees and Advisors who plan on attending
- Conference/Event promotional materials that includes the itinerary and registration form(s)

If the trip IS approved, the advisor must be responsible to the following items:

- a. Hosting a pre-travel meeting with participants to go over and complete the Conditions of Participation form for each attendee.
- b. Completing and submitting the Public Safety memo to SRC 2040 (Public Safety office) before departure.

Risk Management Plan:

1. Call Emergency Rescue if needed: 911
2. Call Director of Student Activities or Vice President for Student Affairs through Public Safety: 630-942-2000

Potential Hazards:

Procedures to minimize above:

I have read and understand the Student Activities Group Travel Guidelines, and will abide by all college policies pertaining to Student Travel.

Advisor Signature: _____ Date: _____

Student Activities Group Travel Budget

REGISTRATION FEES:

TOTAL COST: _____

Will this be paid directly by college? Yes No

Reimbursed to: _____

MEALS (IF PAID BY CLUB):

Number of participants: _____ X # of meals _____ X amount per meal =**TOTAL COST:** _____

OVERNIGHT ACCOMMODATIONS:

Name/Address/Phone of Hotel: _____

of rooms (incl. sales tax) _____ X # of nights _____ =**TOTAL COST:** _____

Will this be paid directly by college? Yes No

Reimbursed to: _____

TRANSPORTATION:

◦ PERSONAL VEHICLES

of cars _____ X # of miles _____ X \$.045 per mile =**TOTAL COST:** _____

◦ COD VEHICLES

of vans _____ X # of miles _____ X \$_____ per mile =**TOTAL COST:** _____

\$.050 per mile COD Mini Van (7 passenger)
\$.075 per mile COD Standard Bus (15 passenger)
\$1.30 per mile COD Mini Bus (25 Passenger, CDL required)

◦ PLANE Airline Name: _____

of tickets _____ X Cost per ticket _____ =**TOTAL COST:** _____

*All flight reservations **MUST** go through WLM Travel Agency = wlmtravel@sbcglobal.net, 630-990-2727*

Will another account be charged in addition to your club/organization account? Yes No
If so, please add that information below:

Account Name	Area #	Org. #	Object #	Amount	Authorized Budget Signature

I understand by signing below, this document will be the official pre-travel authorization form.

Advisor Signature: _____ Date: _____