



INSTITUTE OF TECHNOLOGY

FIELD TRIP REQUEST

DEPARTMENT / CLUB NAME: _____

ACCOUNT NUMBER(S) TO CHARGE: _____

ACTIVITY REQUEST SUBMITTED TO STUDENT LIFE DATE SUBMITTED: _____

TRIP INSURANCE SUBMITTED TO STUDENT LIFE DATE SUBMITTED: _____

OFF CAMPUS TRIP REQUEST YES NO

OUT OF STATE TRAVEL REQUEST SUBMITTED N/A YES NO

TRIP INFORMATION

DESTINATION _____

DATE OF DEPARTURE _____ DATE OF RETURN _____

PRIMARY MODE OF TRAVEL _____

(If using a university vehicle, an off campus trip request is required and must be submitted to Fiscal Services to reserve the vehicle)

TRIP EXPENSES

A SIGNED COPY OF THE CLUB MINUTES AUTHORIZING ALL EXPENDITURES MUST ACCOMPANY THIS REQUEST

SOURCE OF FUNDING _____

TYPE OF EXPENSES	PURPOSE	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL ESTIMATED COST _____

AMOUNT TO BE PAID BY FISCAL SERVICES PCARD _____

AMOUNT TO BE PAID WITH CLUB CARD _____

PARTICIPANTS

STUDENT PARTICIPANTS

Please attach signed **Participant Acknowledge** form for each student participant

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
13	_____
14	_____
15	_____
16	_____
17	_____
18	_____
19	_____
20	_____
21	_____
22	_____
23	_____
24	_____
25	_____
26	_____
27	_____
28	_____

SPONSOR PARTICIPANTS

1	_____
2	_____
3	_____
4	_____

APPROVALS

ORGANIZATION / CLUB SPONSOR

PLEASE PRINT

SIGNATURE

DIVISION CHAIR

PLEASE PRINT

SIGNATURE

DIRECTOR OF STUDENT LIFE

PLEASE PRINT

SIGNATURE

PRESIDENT

(IF OUT OF STATE TRAVEL)

PLEASE PRINT

SIGNATURE

VP OF FISCAL SERVICES

PLEASE PRINT

SIGNATURE

TRAVEL PCARD HOLDER

(IF EXPENSE INCLUDES AIRLINE OR HOTEL)

PLEASE PRINT

SIGNATURE

DIRECTOR OF PURCHASING

(IF EXPENSES ARE TO BE PAID WITH PCARD)

PLEASE PRINT

SIGNATURE

DIRECTOR OF ACCOUNTING

PLEASE PRINT

SIGNATURE