



TRIP INSURANCE REPORTING FORM

INSTITUTE OF TECHNOLOGY

Attach a copy of the receipt from the Bursar's Office and submit to Student Life with Campus Activity Request

Student Life	
Office Use Only	
Reporting Date	_____
Reporting Hour	_____
SL Staff Initials	_____

# making trip	_____
x # calendar days	_____
= # of days	_____
x .40 per day	\$0.40
= Total Due	_____

Deposit Code : DD51

Department / Club/Org. _____

Charge Acct. # _____

Send bill to: (Name) _____

Campus Address _____

RETURN TO THE STUDENT LIFE DEPARTMENT AT LEAST 24 HOURS PRIOR TO LEAVING CAMPUS. DO NOT MAIL IN CAMPUS MAIL. ALL BLANKS MUST BE COMPLETED.

<u>Departure</u>		<u>Return</u>		Name of Group or Class	Purpose of Trip	Destination
Date	Time	Date	Time			

NAMES OF PERSONS MAKING TRIP (Use back for additional names, please number.) ONLY OSU students, faculty, and staff may be covered.

1. _____
2. _____
3. _____
4. _____
5. _____
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35. _____
36. _____
37. _____
38. _____
39. _____
40. _____

Reported by: _____

Phone: _____

NOTE: The cost is calculated at the rate of \$0.40 **per** person per calendar day. The money must be collected and returned with this form prior to leaving campus. Checks should be made payable to OSUIT Campus Life.

Exclusions:

1. Snow skiing, water skiing, water sports and activities, rock climbing and intercollegiate athletic competition of any kind, including competition between groups or organizations.
2. Trips outside the United States, Canada, or Mexico. (Trips within the Stillwater city limits is not available)
3. Individuals who are not enrolled students, faculty, or staff.
4. Trips taken in private airplanes.
5. Personal trips or vacation.
6. Partial coverage cannot be extended wherein the trip would be covered but the activity excluded.