



CASPER COLLEGE STUDENT TRAVEL AUTHORIZATION REQUEST

Part I. Advisor/Sponsor Information

Name of College Employee Responsible for Trip: _____

Position /Title : _____

Administrative Unit/Organization: _____

Phones: Office _____ Cell _____ Email: _____

Part II. Trip Information

Purpose of Trip: _____

Destination : _____

Dates of Travel: Departure _____ Return _____

Total Number of Participants: _____ Number of Non-Student Participants: _____

Lodging Arrangements: (Address and Phone Number Required): _____

_____ Phone () _____

Transportation Arrangements:

___ Casper College Vehicle(s) Requested: _____

___ Personal Vehicle, License #: _____

___ Common Carrier Requested: _____

Name(s) of Drivers: _____

Name of College Employee Available for Contact in Event of Emergency: _____

Phones: Office _____ Home _____ Cell _____

Part III. Administrator Approval

Required Information/Documents:

___ List of All Participants with Student ID #s

___ Student Travel Release Forms (with signatures and emergency contact)

___ Valid Driver's License, if applicable

___ Proof of Current Liability Insurance (For Personal Vehicle Use Only)

Appropriate Administrator Approval (signature): _____

Title: _____ Date: _____