TRAVEL CHECKLIST

Organization/Group: ________________________________________________________
Date(s) of Trip: ____________________________________________________________

Each of the following items must be submitted to the A.S. Office at least Two Weeks prior to the beginning of travel.

☐ Travel Fund Request Form  
   ☐ Contains 2 Valid Signatures

☐ Travel Questionaire

☐ Outline of Expenses

☐ Agenda, Program or Summary for Conference or Event

☐ Map of Travel (to indicate mileage if traveling by vehicle)

☐ Release & Waiver (1 for each person traveling)
   Number of People Traveling ________
   Number of Waivers Received ________

☐ Organization Driver / Insurance Forms (1 for each person driving)
   Number of People Driving ________
   Number of Driver Forms Received ________
   ☐ Copy of Driver’s License(s)
   ☐ Copy of Insurance Policy(ies)
   ☐ Copy of DMV Record
   (Will be obtained by A.S. Office IF form is submitted at least 2 weeks prior to travel)

FOR OFFICE USE ONLY:
ALL Release & Waivers Received: Date ________________ Initials __________________
ALL Organization Driver Forms Received: Date ________________ Initials __________________
☐ On-Campus Status Verified

OFFICE SUPERVISOR:
All Forms Received and Complete ☐ YES  Budget Approved for $ ________________ Date _____________
Signed _____________________________________________________ Date ______________________________