



NON-INSTRUCTIONAL STUDENT TRIP

Note: This form is to be completed and returned to the Dean/Vice President's office a minimum of two weeks prior to the trip. This is necessary for approval and transportation arrangements.

1. Instructor/Staff Member initiating trip: _____
2. Department _____ Number of people going _____
3. Purpose of Trip _____
4. Destination _____
5. Date Leaving _____ Time Leaving _____
6. Date Returning _____ Time Returning _____
7. Type of Vehicle Requested: Own Car Sedan Van (8 seat)
 Van (11 seat/requires commercially licensed driver) Bus (43 passenger/requires district driver)
8. Loading Location: _____
(Buses load at the Oak Pavilion only due to the traffic pattern of the college.)
9. Are there special transportation needs for disabled students? _____

Roster of Attendees:	Emergency Contact (Phone #)	Roster of Attendees:	Emergency Contact (Phone #)

(List additional names and contact information on the back)

Division Approval: _____	Date _____
President's Approval: _____	Date _____
<small>(If required for trip)</small>	
Account # _____	
Estimated Cost of Trip _____	
Transportation Approval: _____	Request# _____ Date _____

Revised 8/12/10 by CC IMC

- (1) Transportation Copy
- (2) Instructor Copy
- (3) Division/Area Copy
- (4) CC Mailroom Copy