

Overnight Student Travel Request

****It is required that all travel arrangements are coordinated through the Travel Office.**

Failure to do so may result in loss of reimbursement.

Check One ☐ Field Trip or Conference(1-6 days) Tour k (7+ days) Career Service Expeditions

Trip Name: _____ Destination: _____ Request Date: _____

Trip/Tour Director: _____ ID# _____ Is the director traveling with this group? Yes No

Office Phone _____ Home Phone _____ Cell Phone _____

Other Employee Supervisors traveling with group: (= # - y \)

Name _____ Office Phone _____ Home Phone _____ Cell Phone _____

Name _____ Office Phone _____ Home Phone _____ Cell Phone _____

First responder in an emergency/disaster: (**must** be faculty member or administrator and **cannot** be traveling with the group)

Name _____ Office Phone _____ Home Phone _____ Cell Phone _____

How will this trip be funded? _____

Course Fee per student: \$ _____ Participant Fee per student: \$ _____

Dept/College/TER per student: \$ _____

Dept. Office Assistant: _____ Office Phone _____ Home Phone _____ Cell Phone _____

Define the nature of activities, the associated risks and how to keep participants in the "zone of safety."

Purpose/Benefits of Travel: _____

Travel Dates: _____ to: _____ Required Academic Travel: Yes No If no, please have students complete waiver (link)

If Required Travel, Course # _____ Type of Overnight Accommodations: _____

Hotel Name _____ Address _____ Phone _____

Means of Transportation: _____ Names of Authorized Drivers: _____

Estimated # of Students: _____

Names of Other Chaperones (Non-University): _____

Non-University Chaperone Authorized Expenses: _____

of Spouses attending: _____ Spouse Fee _____ Spouse Name _____

Spouse Fee _____ Spouse Name _____

I have read and will comply with the BYU-Idaho Student Travel Policy, (link) Employee/Spouse/Dependent Expense Policy and all other related procedures.

The following information is required at least 3 business days prior to departure.

1. **Travel itinerary.**
2. **A completed Travel Participants Form (link). This list must contain ALL individuals who are traveling with the group, including spouses, etc.**

Director's Signature: _____

APPROVAL:

Department Chair: _____

or Supervisor

College Dean: _____

or Supervisor

Vice President Designee: _____

Date Approved: _____

ACCOUNTING OFFICE – For Tour Authorization

Account #

TA#