

****Student and Group Travel Pre-Approval Form****

Domestic Travel Authorization

(To be completed by employee Trip Leader and signed by appropriate supervisor/cost center manager)

Once completed – email form to trip leader and Stacey Shinkel in Facilities Management,
staceyshinkel@delta.edu.

This form is to be completed for all Delta College group travel which will include students. All College student groups must have written approval from Supervisor/Associate Dean/Cost Center Manager prior to travel.

Once this form has received all approval signatures, it should be retained by the Trip Leader and provided to others (i.e. supervisor, etc.) throughout the process, especially if additional funding is being sought.

PURPOSE OF TRAVEL (check at least one)

Academics Athletics Student Club Collegiate Classroom Travel
Travel affiliated group Possible Dream Other (explain) _____

Composition of the group (check all that apply):

Employees Student Community Members

Description and Purpose of Travel *(describe whether this is part of a class experience, for credit, service learning, etc.):*

Destination Information *(Attach a copy of the conference agenda or itinerary with this travel pre-approval request; attach multiple pages if there are multiple destinations)*

Hotel or Host: _____ Address: _____
Date Leaving: _____ Date Returning: _____ Country: _____
Destination Phone: _____

How do you anticipate this trip will be funded?

How much do you anticipate each student will need to contribute financially?

Provide a list of student names and ID numbers as the list is determined *(initially, provide a number of students expected to travel)*

Date Submitted: _____

Name: _____

Employee # of person submitting: _____

Department: _____ Cost Center/PDA: _____

Department Contact: _____ Ext. _____

** Note: in providing costs to the right, it is expected that all meals included with conference registrations will be utilized to reduce the cost of travel. Meals not included with conference registration, but paid by the college, must adhere to the college's standard rate of meal reimbursement.*

ESTIMATED TRIP COSTS

Airfare _____

Lodging _____

Ground Transport _____

* Meals/ Per Diem _____

Registration fee _____

Student Related Expenses _____

Other _____

Estimate (per person) \$ _____

Total (above x # students) \$ _____

Trip Co-Leader Contact Information *(if there is someone in addition to the person listed above)*

Name: _____ Phone: _____

Email: _____

Authorizations

Name: _____ Date: _____

Trip Leader Requesting Approvals

Name: _____ Date: _____

Cost Center Manager/Supervisor

Name: _____ Date: _____

President/ Vice President/Associate Dean

Once all signatures are received, please email a copy to Trip Leader and Stacey Shinkel in Facilities Management at staceyshinkel@delta.edu.

For internal use only

Travel Authorization: Yes No Driving Record Check: Yes No

All Emergency Contact Information Submitted: Yes No