



**Student Travel
Group Authorization & Contact Form**

Please print or type all responses

Travel Monitor Name and Affiliation with Group:
Academic Department or Student Organization Name:
Reason for Travel:

Mode(s) of Ground Transportation Check all that apply	Applicable Requested Information
<input type="checkbox"/> UC Transportation van, bus or automobile	
<input type="checkbox"/> UC Org Unit Vehicle (provide unit name)	
<input type="checkbox"/> Private Automobile(s) (provide license no(s) and owner names)	
<input type="checkbox"/> Chartered bus/vehicle (provide company name, address, phone and name of UC employee booking reservation)	
<input type="checkbox"/> Other (provide carrier contact information and name of UC employee booking reservation)	

Travel Itinerary

Travel is: Domestic International

Travel Dates:	to	Destination(s):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Flight information (or attach airline itinerary) (include airline name, flight numbers and dates/times of travel)
Accommodations (include facility name(s), address(es) and phone number(s))

Will a faculty member or advisor be accompanying the students on the trip? Yes (provide name, email and phone no.) No

Submitted by:

Travel Monitor's Signature/Date	Print Name
Submitted to:	

Campus Contact Signature/Date	Print Name
Authorized by:	

Sponsoring Department/Organization/Date	Print Name
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