

## Eureka College Student Group Travel Authorization

Organization/Dept. \_\_\_\_\_  
 Date of Departure \_\_\_\_\_  
 Date of Return \_\_\_\_\_

Date of Request \_\_\_\_\_  
 Time of Departure \_\_\_\_\_  am  pm  
 Time of Return \_\_\_\_\_  am  pm

Trip Coordinator  
 Name \_\_\_\_\_  
 Phone No. \_\_\_\_\_

E-Mail \_\_\_\_\_  
 Cell Phone No. \_\_\_\_\_

Purpose of Trip  
 Conference/Workshop       Tournament       Event       Other \_\_\_\_\_

Conference/Workshop, Tournament, Event Information  
 Title \_\_\_\_\_ Location \_\_\_\_\_  
 Contact Person/Agency \_\_\_\_\_ Website \_\_\_\_\_  
 Phone Number(s) \_\_\_\_\_ E-mail \_\_\_\_\_

Lodging Information (1st)	Dates of Stay _____	
Name _____	Location _____	Phone No. _____
Lodging Information (2nd)	Dates of Stay _____	
Name _____	Location _____	Phone No. _____

Emergency Contact Person(s) on Trip  
 Name \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
 Name \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
 Special Information \_\_\_\_\_

Transportation Information  
 Destination \_\_\_\_\_ Estimated Total Trip Mileage \_\_\_\_\_  
 Method of Transportation  
 Personal Vehicle/s       Bus       Airline       EC Vehicle  
 Travel Route & Itinerary (attach other pages as needed) \_\_\_\_\_

Passenger List: Please print neatly and spell all names correctly.

Name	Non-Student	Name	Non-Student
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

Total number of participants \_\_\_\_\_

_____	_____
Trip Coordinator	Faculty/Staff Sponsor