

## OUT OF STATE TRAVEL (STUDENTS)

EMPLOYEE:

TITLE:

(Last)

(First)

DEPT:

DESTINATION:

DATE OF DEPARTURE:

DATE OF RETURN:

CLASS/ ACTIVITY/ ATHLETIC TEAM:

PURPOSE OF TRIP:

OVERNIGHT ACCOMODATION (IF APPLICABLE):

HOTEL (NAME/ ADDRESS/ PHONE):

STAFF ATTENDING:

STUDENTS ATTENDING:

CHAPERONES ATTENDING:

OTHER COMMENTS/ PERTINENT INFORMATION:

ADMINISTRATOR APPROVAL:

ADMINISTRATOR SIGNATURE:



DATE:

4/29/25