TRAVEL CHECKLIST

Must be completed no later than two weeks before the trip with Travel Approval Form.

Please type or print neatly.

Name of Trip: _____

Contact Person: _____

Destination (City/State): _____

Dates of Trip: _____

Name of Student Organization/Class: _____

Organization Account#: _____

Company/Organization Sponsoring the Conference: _____

Phone Number at Conference Site (in case of emergency): _____

Purpose of Trip: _____

_____

List of Participants	CSU ID Number	Emergency Contact Information (Name & Number)
Coordinator_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ _____

Signature of Student Organization/Class Representative *Signature of CSU Advisor/Dept. Head*

Date _____ *Date* _____