



Cleveland State University

TRIO McNair Scholars Program

TRAVEL CHECKLIST

Name of Trip: _____

Destination: _____

Dates of Trip: _____

Name of McNair Staff: _____

Company/Organization supporting the Conference: _____

Contact Person: _____

Phone No. at Conference Site (in case of emergency): _____

Purpose of Trip: _____

List of Participants	CSU ID No	Emergency Contact Information (Name & Number)
McNair Staff _____	_____	_____
_____	_____	_____
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