

Original completed forms must be submitted to Risk Management at least 2 weeks (in-state travel) or 6 weeks (out-ofstate travel) prior to the date of departure to establish the proposed travel as a college sponsored activity and ensure insurance coverage for staff, students and the District.

For overnight trips, please attach a copy of the itinerary with hotel information and/or flight information.

A. Field Trip Information		
Supervising Staff Name:		Today's Date:
Cell Phone (in case of emergency) :		Extension:
Department Name:	Course / Activity:	
Destination:		
Address:		
Purpose of trip:		
Departure Date: Time:	/ Return Date:	Time:
B. Check List		
Completed Student: Agreement and Medical Release For Field Accomodations – DSPS form must be provided for s Non-student Volunteer Participation Form, if applica Faculty/Staff Travel Authorization/Reimbursement R Transportation District-owned Vehicle (Reservations must be made Chartered Transportation Individual Arrangements (Class convenes AND adjo for the "commute". Staff must not supervise us arrangements, or provide suggested routes/	student requiring accomoda able (Volunteer must be ap Form or Day Travel Approv e directly through M&O) ourns at destination. Staff a <b>se of private cars, partic</b>	ations proved through Human Resources) al Form nd District assume no responsibility
Instructor / Staff Signature	Date	
APPROVALS:		
Division Dean / Director Date (Signature indicates trip approval AND that funds have been verified for this activity)	Vice President Date   (Approval required for out-of-state OR overnight travel)   Anticipated Board approval date:	