Student Travel Request Form

This form and the Acknowledgement of Risk and Waiver of Liability form(s) should be submitted in a timely manner. If submitted less than three weeks prior to the proposed travel, no guarantee can be made that the form will be processed nor that travel will be approved.

This form must be completed and approved prior to making travel arrangements. Do NOT incur any travel expenses before this form is approved.

This form does NOT begin the approval process for travel expenses, that approval must be completed separately.

Completed forms must be emailed to the Vice President for Student Affairs, the Student Involvement Coordinator, and Security.

Person Completing Form:

A. Division, Office, or Club/Org Supporting Travel

Division, Office, or Club/Org:

Director/Advisor: Email:

Office Phone: Cell Phone:

B. Activity Information

Name of event/activity:

Event Location:

Event Date(s): Event Travel Date(s):

Mode of Travel: Driver:

Overnight stay? ☐ Yes ☐ No

Hotel Name:

Hotel Address:
(Including City, State, and Zip)

Overnight Stay Date(s):

Event Description and Reason for Travel:

College Benefit:

C. Event Participants

Each participant wishing to travel must be listed on this form. In addition, each participant must complete the Acknowledgement of Risk and Waiver of Liability form. Each participant must be aware that by listing their personal information on this form, other travelers may view and have access to this information.

First and Last Name	ID Number	Phone Number

D. Acknowledgement of Risk and Waiver of Liability

☐ All participants have completed the Acknowledgement of Risk and Waiver of Liability form and have attached them to this form.

To attach the forms:

Click on the paperclip icon to the left of this form if opened in Adobe.

Next, click on the paperclip icon with the plus sign to select the file you would like to attach.

E. LC State Employee Information

Will the student(s) be accompanied by an LC State employee? ☐ Yes ☐ No

☐ LC State employee traveling with student(s) is Director/Advisor listed above.

(Please complete the following if LC State employee traveling with student(s) is NOT the Director/Advisor)

First and Last Name:

Email: Office Phone:

Cell Phone:

If students will not be traveling with an LC State employee, an emergency contact must be provided below.

Emergency contact person must be faculty, professional staff, or classified staff member of LC State and must be reachable 24 hours a day while students are traveling.

Emergency Contact:

Email: Cell Phone:

I, , a faculty/staff member at Lewis-Clark State College agree to serve as the emergency contact while the above mentioned students are traveling on LC State business. I agree to meet with the group prior to their departure and agree to be available for contact at all hours while the group is traveling. I also agree to report any accidents or incidents regarding the travel to the proper campus personnel within one business day of the said accident or incident.

Emergency Contact Signature: Date:

F. Routing & Approvals

The person completing this document is responsible for identifying all needed email addresses.

Please do not print or send a scanned copy of this form for signature routing. A final, signed, copy of this form should be sent to studentinvolvement@lcsc.edu, security@lcsc.edu, and studentaffairs@lcsc.edu.

By signing below, you agree that you are responsible for the event/activity and associated charges and damages as a result thereof. You must comply with all College rules and regulations.

Approver	LC State E-mail	Approver Signature
Person Completing Form:		
Club/Org Advisor:		
Department Director: *(If applicable)*		
Dean: *(If applicable)*		
Vice President for Student Affairs:	studentaffairs@lcsc.edu	