

Department/Student Organization Trip Planning Form
Please submit this form at least 30 days prior to departure.

Organization or Department or Traveler _____

Advisor or Department Chair or Cost Center Manager _____

Cost Center Name & 10 digit number _____

Coordinator of the Trip _____
(This is the student or advisor of the group)

Coordinator's Phone Number _____

Coordinator's Email _____

Destination of Trip _____

Date and Time of Departure _____

Date and Time of Return _____

Purpose of Trip _____

Number of People Traveling _____

*Be prepared to provide a list of people

Rooms _____	Number of Rooms _____		
Quote _____	Taxes _____	Confirmation Number _____	
Quote _____	Taxes _____	Confirmation Number _____	
Quote _____	Taxes _____	Confirmation Number _____	

Transportation (Circle One) Air Rental Car Bus Personal Car

Provide names of approved drivers through Parking Services.

Registration or Entry Fee _____ Deadline for Entry Fee _____

Meals: \$ per day _____ Number of Days _____ or Max Amt. \$ for the Trip per Person

Other (specify) _____

Who is paying for what portions of the trip? _____

Cost Center Mgr/Advisor Signature Required: _____

I authorize the Travel Coordinator to make purchases and charges pertaining to the trip as outlined above. Student Organization Advisors and/or Cost Center Managers are expected to review their Student Organization accounts on a monthly basis. By signing this form, I certify that the Student Organization has enough money for these expenditures, and that these expenditures fall within the categories of the Organization's approved SUF budget for this fiscal year.

If you have any questions, please contact:

UWS Travel Office

Dawn - 715-394-8384

Email: Dawn - dmcilla@uwsuper.edu