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________________

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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 - dmcvilla@uwsuper.edu