UIS Campus Recreation

Travel Itinerary

Club Name: ________________________________
Officer Submitting Form: _____________________ Phone: __________________
Signature:_________________________________ Date: ____________________

Purpose/Name of Event:______________________________________________
Location of Event: ___________________________________________________
Date of Event: ______________ Number of People Travelling: ______________

Transportation

Time/Date of Departure:____________________ Tim/Date of Return:____________________
Type of Transportation (check all that apply):

[ ] School issued vehicle (fill out proper documents with Motor Pool)
[ ] Private vehicle (Turn in private vehicle trip information)
[ ] Rental van/car (Note rental car company______________________)
[ ] Airline (Note trip itinerary on reverse)
[ ] Commercial bus (Note bus company______________________)

Lodging

Location/name of hotel if applicable:__________________________________
Phone number of hotel if applicable:__________________________________

Travelling members (Members must be on official roster and have signed a liability waiver; use reverse if needed)

1. 5. 9.
2. 6. 10.
3. 7. 11.
4. 8. 12.