

Please print or type all responses



Travel Monitor Name and Affiliation with Group:				
Academic Department or Student Orga	anization Name:			
Reason for Travel:				
Mode(s) of Ground Transportation Check all that apply	Applicable Requested Information			
UC Transportation van, bus or automobile				
UC Org Unit Vehicle (provide unit name)				
Private Automobile(s) (provide				
license no(s) and owner names) Chartered bus/vehicle (provide				
company name, address, phone				
and name of UC employee booking reservation)				
Other (provide carrier contact				
information and name of UC employee booking reservation				
Travel Itinerary				
Travel is: Domestic Into	ernational			
Travel Dates:	Destination(s):			
to				
to				
to				

Student Travel Group Authorization & Contact Form

Flight information (or attach airline itinerary) (include airline name, flight numbers and dates/times of travel)			
Accomm (include facility name(s), addr	odations ess(es) and phone number(s))		
Will a faculty member or advisor be on the trip? Yes (provide name			
Submitted by:			
Travel Monitor's Signature/Date Submitted to:	Print Name		
Campus Contact Signature/Date Authorized by:	Print Name		
Sponsoring Department/Organization/Date	Print Name		

Travel Roster (please print or type)

Name of Traveler	Traveler's Phone Number	Emergency Contact Person	Emergency Contact Phone Number