

# Community College of Rhode Island

## Office of Student Life Club/Organization Travel Request Form

Date of Request: \_\_\_\_\_ Group Name: \_\_\_\_\_ Fund # \_\_\_\_\_

Destination: \_\_\_\_\_ In-State      Out-of-State      International

Purpose of Travel: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Period Covered: From: \_\_\_\_\_ To: \_\_\_\_\_  
**Date & Time AM/PM**                      **Date & Time AM/PM**

Attached:      **Detailed Itinerary**                      **Completed Liability Waivers**                      **Roster of Travelers**  
                     **Cost Verification Documents**                      **Per Diem Requests**                      **Fundraising Plan**

Number of Travelers: \_\_\_\_\_ Number of Chaperones: \_\_\_\_\_ Conference: \_\_\_\_\_

EXPENSES	Per person	Total		REVENUES	Total
Travel Fare				Student Contribution(s)	
Hotels				Donations	
Per Diems (\$30 per full day, \$15 per half day)				Funds Raised	
Registration Fee				From Agency (75% of grand total max)	
Ground Transportation (local and on-site)				Other:	
Insurance				<b>TOTAL</b>	
Other:					
<b>TOTAL</b>					
Chaperone Cost (per person x #)				Student Contribution Minimum: 25% (.25 x per person cost)	
<b>GRAND TOTAL</b>					

Club President: \_\_\_\_\_ Date: \_\_\_\_\_

Club/Org Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Student Life: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN TO THE OFFICE OF STUDENT LIFE**