



OHIO
UNIVERSITY

Ohio University Student Organization TRAVEL ITINERARY & TRAVEL ROSTER

1

This document is required for trips that require overnight accommodations or for day trips where the travel distance is over 30 miles one way. It must be submitted to the Campus Involvement Center, 355 Baker University Center, within 24 hours of the travel date or by the Friday prior to weekend travel. Advisor must sign page two of this form. *Club sports who file travel forms with the Club Sports Office are exempt from this requirement.*

Student Organization: _____

Reason for Travel:

Destination and address:

Date and Time of Departure: _____

Date and Time of Return: _____

Mode of Transportation: Check One

- ☐ OU Transportation van, bus or automobile
- ☐ OU Departmental Vehicle
Department _____
- ☐ Private Automobile(s)
License No(s). _____
- ☐ Chartered Bus/Vehicle
Name of Company _____

Lodging Accommodations for overnight travel:

Address: _____

Hotel/Accommodations Phone Number: _____

Please provide emergency contact information for all traveling members of the organization. This is to include the traveler's name and contact phone number, name of an emergency contact person and the emergency contact person's phone number. Use the back or attach an additional sheet if more space is needed.

Name of Traveler: _____
Traveler's Phone Number: _____

Emergency Contact Person: _____
Emergency Contact Phone Number: _____

Name of Traveler: _____
Traveler's Phone Number: _____

Emergency Contact Person: _____
Emergency Contact Phone Number: _____

Name of Traveler: _____
Traveler's Phone Number: _____

Emergency Contact person: _____
Emergency Contact Phone Number: _____

Name of Traveler: _____
Traveler's phone Number: _____

Emergency Contact Person: _____
Emergency Contact Phone Number: _____

Name of Traveler: _____
Traveler's Phone Number: _____

Emergency Contact Person: _____
Emergency Contact Phone Number: _____

Name of Traveler: _____
Traveler's Phone Number: _____

Emergency Contact Person: _____
Emergency Contact Phone Number: _____

Name of Traveler: _____
Traveler's Phone Number: _____

Emergency Contact Person: _____
Emergency Contact Phone Number: _____

Name of Traveler: _____
Traveler's Phone Number: _____

Emergency Contact Person: _____
Emergency Contact Phone Number: _____

Name of Traveler: _____
Traveler's Phone Number: _____

Emergency Contact Person: _____
Emergency Contact Phone Number: _____

Name of Traveler: _____
Traveler's phone Number: _____

Emergency Contact Person: _____
Emergency Contact Phone Number: _____

Name of Traveler: _____
Traveler's Phone Number: _____

Emergency Contact Person: _____
Emergency Contact Phone Number: _____

Will the advisor be accompanying the student organization on the trip? (Check One)

- ☐ Yes
☐ No

If "No" please provide the name of the trip leader who is in charge of the trip. The advisor/trip leader will keep a copy of this form with them at all times during the trip in addition to submitting a copy to the Campus Involvement Center.

Trip Leader: _____

Trip Leader Contact #: _____

Advisor's Name: _____

Advisor's Contact #: _____

Advisor's Emergency Contact# _____

Advisor's Signature: _____

Date _____