

# Office of Public Safety

University of Oregon

Business Travel

Itinerary

**THIS ITINERARY MUST BE FILED WITH THE OFFICE OF PUBLIC SAFETY PRIOR TO LEAVING ON BUSINESS TRIP. OPEN 24 HOURS AT 1319 E 15TH AVE.**

Name of Driver: \_\_\_\_\_ Dept./Org. \_\_\_\_\_  
*Print/Type*

Vehicle License# \_\_\_\_\_

Select one of following that applies:

\_\_\_\_\_ *State Vehicle*          \_\_\_\_\_ *Borrowed*          \_\_\_\_\_ *Rental*

Starting location: \_\_\_\_\_ Departure: \_\_\_\_\_  
*Time/Date*

Destination: \_\_\_\_\_ Arrival: \_\_\_\_\_  
*Time/Date*

Starting location: \_\_\_\_\_ Departure: \_\_\_\_\_  
*Time/Date*

Destination: \_\_\_\_\_ Arrival: \_\_\_\_\_  
*Time/Date*

Starting location: \_\_\_\_\_ Departure: \_\_\_\_\_  
*Time/Date*

Destination: \_\_\_\_\_ Arrival: \_\_\_\_\_  
*Time/Date*

Ending Location: \_\_\_\_\_ Arrival: \_\_\_\_\_  
*Time/Date*

Passenger List (print or type):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Other certified drive \_\_\_\_\_

Contact person in event of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Office of Public Safety Fax Number: (541) 346-0947

Prepared by \_\_\_\_\_ Department \_\_\_\_\_

Date \_\_\_\_\_