Travel Itinerary

- > This form must be submitted at least 24 hours prior to departure (after the final travel roster has been determined and all travel arrangements have been made).
- > This is a two-page form, please complete both pages. All sections of this form must be filled out in its entirety.

Name of Club:						
Form submitted by:						
Local Phone #:		Ema	il:			
Name and purpose of event:						
Name of school/organization that	at is hosting this	s event:				
Departure date:	Return Date:					
Lodging In the section below, indicate the confirmed lodging information: If the club is using multiple locations, please attach the list with this form.						
Name of location:						
Address:						
	number:					
Number of rooms reserved: Confirmation number (if applicable):						
Transportation In the section below, please indicate the confirmed transportation information:						
Mode of transportation (check a	ll that apply):	Charter Bus	Passenger vehicle(s)			
If more space is needed, please attach list with this form.						
For air travel, please complete	· ·					
Carrier Depart	ure Date/Time	Departure Flight #(s)	Return Date/Tim	ne Return Flight #(s)		
For chartered bus travel, please complete the following table:						
Carrier Departu	re Date Estin	mated Departure Time	Return Date	Estimate Return Time		
For passenger vehicle (Private, vehicle:	PSU Fleet, or (Commercial) travel, plea	se complete the follo	owing table for each		
Type of vehicle (maxi van, mini van, sedan)	(PSU Fleet, E	Vehicle Owner Enterprise, private individ	ual, etc.)	Driver(s)		

Travel Roster

In the table below, please provide names and emergency contact information for all travelers: Table 1 for listing travel roster

Table 1 for listing travel roster	Emergency Contact InformationNameRelation to TravelerPhone				
Name of Traveler	Name	Relation to Traveler	Phone		