

**KSC Student Organization  
Travel Planning**

Organization: \_\_\_\_\_

Trip Destination & Activity: \_\_\_\_\_

Round Trip Mileage: \_\_\_\_\_

Trip Departure date: \_\_\_\_\_

Trip Return date: \_\_\_\_\_

**Trip Leader:**

Name: \_\_\_\_\_ ( ) Student ( ) Faculty/Staff

Email: \_\_\_\_\_ phone # \_\_\_\_\_

Name: \_\_\_\_\_ ( ) Student ( ) Faculty/Staff

Email: \_\_\_\_\_ phone # \_\_\_\_\_

**Trip Leaders will:**

- ✓ Effectively work with the group and exhibit concern for the safety and well being of all participants.
- ✓ Know and understand all Student Center policies and procedures relating to travel and provide communication to participants regarding adherence to KSC policies.
- ✓ Be responsible for timely submission of all required travel forms for the group.
- ✓ Carry with you a participant list and medical form copies during the entire trip.
- ✓ Communicate your contact (cell phone) number to Campus Safety (358-2228) prior to departure.
- ✓ Communicate all departure and arrival times and meeting places to the participants.
- ✓ Take an accurate count of all participants prior to departing each and every location. If, after a reasonable amount of time, a participant or participants are not present, call Campus Safety (358-2228) **before** leaving that location.
- ✓ **If case of emergency**, notify the appropriate authorities immediately. Also notify Campus Safety. Upon return contact the Coordinator of Student Activities regarding any emergencies as well as to report any issues, violations or incidents.

**Transportation:**

( ) Rental vehicle (Requires Defensive Driving training)

( ) Personal vehicle (Requires valid drivers' license and \$100,000 vehicle liability insurance)

( ) Bus Company: \_\_\_\_\_ phone: \_\_\_\_\_

Student Driver(s): \_\_\_\_\_

**Airline Travel:**

Airfare involves use of campus travel agency, contact Student Center accounting for information prior to making any arrangements.

Travel Agency: \_\_\_\_\_

Agent: \_\_\_\_\_ phone #: \_\_\_\_\_

**Agency/Service:**

For activities involving tour company, agency or specialized services.

Type of activity: \_\_\_\_\_

Company name: \_\_\_\_\_ phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Approximate trip expense:** Total \$ \_\_\_\_\_ Per person cost \$ \_\_\_\_\_ Club/Organization cost \$ \_\_\_\_\_

Completed form must be submitted **no later than:**

**5 days prior to travel in-state**

**10 days prior to travel out of state**

**3 weeks prior to departure for foreign travel**

\_\_\_\_\_  
Signature of Trip Leader \_\_\_\_\_ Date

\_\_\_\_\_  
Signature of Advisor \_\_\_\_\_ Date

\_\_\_\_\_  
Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_  
Student Activities approval\* \_\_\_\_\_ Date

\*Email notification of approval will be sent to trip leader, advisor and Accounting Office Coordinator.

Financial transactions **will not** be processed without Student Activities approval.

Required documentation must be submitted no later than **2 days prior** to your travel or the trip is subject to cancellation.

*Student Organization Travel*

*Deborah Edwards*

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