



COMMUNITY COLLEGE
OF RHODE ISLAND
Office of Student Life

Student Group Travel Request Form

Use this form to plan your travel with a staff member in Student Life. Costs tend to increase as the departure date gets nearer so plan early. The Controller's Office requires travel documents be submitted to them a minimum of 45 calendar days before the departure date.

Advisor Name and Contact: _____

Date of Request: _____ Student Group Name: _____ Fund # _____

Destination: _____

Purpose of Travel: _____

Period Covered: From: _____ To: _____
Date Time Date Time

Number of Student Travelers: _____ Number of Chaperones: _____ *(determined by Student Life)*

Documents Attached:

Cost Verification Documents _____ General Itinerary _____ Roster of Travelers _____ Liability Waivers _____ Per Diem Requests _____

FIXED COSTS	Per Student	Total
Registration Fee		
Hotel <i>(rate x # days, /# in room)</i>		
Travel Fares and Fees		
Per Diem <i>(\$35 to 50/ day X # days) consider location/meals</i>		
Ground Transportation <i>(local and on-site)</i>		
Insurance		
Other		
SUB-TOTAL		
Chaperone Cost <i>(Sub-total x #)</i>		
GRAND TOTAL		

STUDENT CONTRIBUTION 25%		

**Travel will not be booked until the above documents are in and all finances are validated.
Return this form to Student Life with appropriate attachments.**

Student Group Advisor: _____ Date: _____

Student Life: _____ Date: _____