Student Organization Travel Form

To be turned in when making travel arrangements with the Student Life Center or CLEF

Club Name: ___________________________  Today’s Date: _______________________

Title of Conference or Trip: ______________________________________________________

Location: _____________________________________________________________________

Date & Time of Departure: ________________  Return: ____________________________

☐ List of attendees is attached  (First, Middle, Last Name, MCC Student ID# and Date of Birth)

☐ Number of students attending _____  ☐ Number of chaperones attending _____

(Required ratio of no more than 10 students per 1 Advisor/Chaperone)

☐ All attendees have completed the following and forms are attached

  ○ Code of Conduct Form
  ○ Emergency Contact Form
  ○ Online Sexual Harassment Prevention Training

Check all that apply:

☐ Meal Per Diem is needed: (no receipts necessary)

☐ Breakfast  ________  x  _____  x  $11.00 = __________
# of people    # of days     Total Amount

☐ Lunch  ________  x  _____  x  $12.00 = __________
# of people    # of days     Total Amount

☐ Dinner  ________  x  _____  x  $23.00 = __________
# of people    # of days     Total Amount

Grand Total: $_____________________

________________________________________________________
Advisor Signature