

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