

PROPOSED EDUCATIONAL TRIP

PURPOSE: The University provides various travel related insurance for faculty, staff and students traveling on an approved trip on behalf of the University (*i.e.*, class required, intercollegiate sports, academic teams).* The purpose of this form is to obtain necessary approval.

* Registered Student Organizations are recognized as separate entities, not affiliated with the University and, therefore, not covered by University insurance. Refer to RSO Operational Guide & Resource Book for details.

INSTRUCTIONS: Complete **original at least one week prior to the trip**. Secure approval of the Department Chairperson/Director. Forward the original to: **Risk Management & Insurance, Smith Hall 103**

TRIP AND TRANSPORTATION DATA

Destination:	Mode: <input type="checkbox"/> Personal <input type="checkbox"/> CMU Owned/Leased <input type="checkbox"/> Rental <input type="checkbox"/> Car(s) <input type="checkbox"/> Van(s) - 15 Passenger are not an acceptable mode of transportation <input type="checkbox"/> Bus <input type="checkbox"/> Truck <input type="checkbox"/> Plane
Purpose:	If personal vehicles, name insuring agent(s):
Department or University organization sponsoring trip:	Driver(s):
CMU Employees accompanying group:	Leave campus: Date: _____ Time: _____ Arrive back: Date: _____ Time: _____

ALPHABETICAL LIST OF TRAVELERS ON BEHALF OF CMU

(You may attach supplemental sheets (*i.e.* class list / roster) **DO NOT LIST SS#**)

Trip Approval:

Department Chairperson/Director – Signature	Risk Management
Department Chairperson/Director – PLEASE PRINT	Date
Date:	Phone: