

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, or 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:

Car (s)

Van (s)

Bus

Truck

Plane

Personal

CMU Owned/ Leased

Rental

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 - Signature

Department Chairperson/Director - PLEASE PRINT

Date

Date: _____ Phone: _____

PROPOSED EDUCATIONAL TRIP - PERSONAL VEHICLE USED

DRIVER'S NAME

INSURED WITH

PASSENGERS / RIDERS

DRIVER'S NAME

INSURED WITH

PASSENGERS / RIDERS

DRIVER'S NAME

INSURED WITH

PASSENGERS / RIDERS

DRIVER'S NAME

INSURED WITH

PASSENGERS / RIDERS

DRIVER'S NAME

INSURED WITH

PASSENGERS / RIDERS
