



Travel Itinerary Form

Club: _____

Purpose of Trip: _____

Destination: _____

Dates of Trip: _____

Departure Date: _____

Time: _____

Return Date: _____

Time: _____

Mode of Transportation:

SAC Van: _____

Rental Van: _____

Train: _____

Airplane: _____

Own Car: _____

Rental Company: _____

Phone: _____

Vehicle Owners: _____

Lodging Accommodations:

Hotel:

Name: _____

Phone: _____

Address

Number of Rooms: _____

City

State

Zip Code

Travel Itinerary Form must be submitted by Thursday at 12pm (noon) for weekend travel. For any questions, please contact the Assistant Director of Sport Clubs in the Office of Recreation at X65229. You must attach a list of all participants that will be travelling from the club on the trip.

Office Use Only:

Received By: _____

Trip Approved: _____

Date Received: _____

Date Approved: _____