REQUEST FOR STUDENT TRAVEL AND TRIP INSURANCE APPLICATION

TO BE COMPLETED ONE WEEK IN ADVANCE OF TRIP

☐ Field Trips: For all class-related student travel, please complete this form and route to appropriate department chair and dean, obtain the Controller’s Office signature*, and then route to the Student Life Office.

☐ Travel with Student Organizations: For all travel sponsored by a chartered student organization, please complete this form and route to the organization representative, the faculty/staff sponsor, the Controller’s Office or the Fee Collection Window*, and then to the Student Life Office.

*If you are paying by cash, pay at the Fee Collection Window. If a university account is paying for the trip insurance, please indicate account number below. The Controller’s Office signature or receipt should accompany this form.

SPONSORING CLASS/ORGANIZATION ________________________________

Faculty/Staff Sponsor ________________________________

Contact Number ________________________________ Email ________________________________

Dates of Travel Departure ________________ Return to Nicholls ________________

Destination ________________________________ Purpose of Travel ________________________________

Overnight Stay: N Y Number Participating ______ Cost of Insurance ______

Daily Trip Rates: $0.14 per person (2 days-$0.28; 3 days-$0.42; 4 days-$0.56, etc.)

Overnight Trip Rates: $0.35 per person per day (2 days-$0.70, 3 days-$1.05, 4 days-$1.40, etc.)

State Vehicle _____ Personal Vehicle _____

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Department Sponsored Field Trip/Travel with Student Organization

Department Chairperson/Organization Representative ________________________________

Dean/Sponsor ________________________________

Controller’s Office for Payment/Account Approval ________________________________

Receipt # __________________________

(If Paying Cash)

- 733285-

Received: Student Life Office ________________________________

FOAPAL# ________________________________

(If Paid by Univ. Dept. or Acct)

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List of Participants ________________________________

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Revised 2/2016 ECK