REQUEST FOR STUDENT TRAVEL AND TRIP INSURANCE APPLICATION

THIS FORM MUST BE COMPLETED AT LEASE ONE (1) WEEK PRIOR TO TRIP

☐ **Field Trips**: For all class-related student travel, please complete this form and route to appropriate **department chair and dean, obtain the Controllers office signature**, and then route to **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 at the Fee Collection Window**, and then to the **Student Life Office**

If you are paying cash, pay at the Controllers Office Fee Collection Window. If a University Account is paying for the trip insurance, please indicate FOAPAL number Below. The receipt obtained from the Controllers Office Fee Collection Window should accompany this form when sending it to the Student Life Office

SPONSORING ORGANIZATION: _____

Faculty/Staff Sponsor: _____

Contact Number: _____ Email: _____

DATES OF Travel: Departure: _____ Return to Nicholls: _____

Destination: _____ Purpose: _____

Overnight _____ Yes _____ No Number of Participants: _____

Number of Days: _____

Rates: Day Only $0.14 Overnight: $0.17 Total Cost _____

Total Cost = No. of Days X Rate = Rate per Participant X No. of Participants = Total Cost

METHOD OF TRAVEL: _____ State Vehicle _____ Personal Vehicle

Signature _____

Department Chair/Organization Representative

Signature: _____ _____

Dean/Sponsor Receipt # if paying Cash

Signature _____ _____

Controller's Office for Payment/Account Approval FOAPAL-Dept Acct. Pymnt

LIST OF PARTICIPANTS