



COMMUNITY COLLEGE  
OF RHODE ISLAND  
Office of Student Life

Student Group/Program Travel Request Form

**Use this form to plan your travel with a staff member in Student Life. Costs tend to increase as the departure date gets nearer so plan early. The Controller's Office requires travel documents be submitted to them a minimum of 45 calendar days before the departure date.**

Advisor Name and Contact: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Group Name: \_\_\_\_\_ Fund # \_\_\_\_\_

Destination: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

Period Covered: From: \_\_\_\_\_ To: \_\_\_\_\_  
Date Time Date Time

Number of Student Travelers: \_\_\_\_\_ Number of Chaperones: \_\_\_\_\_ *(determined by Student Life)*

**Documents Attached:**

Cost Verification Documents \_\_\_\_\_ General Itinerary \_\_\_\_\_ Roster of Travelers \_\_\_\_\_ Liability Waivers \_\_\_\_\_ Per Diem Requests \_\_\_\_\_

FIXED COSTS	Per Student	Total
Registration Fee		
Hotel <i>(rate x # days, /# in room)</i>		
Travel Fares and Fees		
Per Diem <i>(\$50 per day X # days)</i>		
Ground Transportation <i>(local and on-site)</i>		
Insurance		
Other		
<b>SUB-TOTAL</b>		
Chaperone Cost <i>(Sub-total x #)</i>		
<b>GRAND TOTAL</b>		

AMOUNT RAISED OR FROM ORG. FUNDS	AMOUNT REQUESTED	AMOUNT APPROVED

**Travel will not be booked until the above documents are in and all finances are validated.**

Club President: \_\_\_\_\_ Date: \_\_\_\_\_

Group/Program Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Student Life: \_\_\_\_\_ Date: \_\_\_\_\_