

KingsboroughCommunityCollege
Office of StudentLife
Phone:718.368.5597-Fax:718.368.4801

REQUESTO TRAVEL

All off campus

If the trip chaperone is different from the trip sponsor, please complete the following information. If you have more than one trip chaperone, please attach an additional page with complete information. If there is no trip chaperone, provide the information for the trip contact person.

Choose One: • Trip Chaperone • Trip Contact Person

Name of Trip Chaperone/Trip Contact Person: _____T 1 0 0 1 293.21 638.86 Tm [()]-7



Destination of Travel/Event/Activity:

Description of Travel/Event/Activity:

Purpose of Travel:

Number of Students: _____

Dates of Travel: Departing Day: _____ Time: _____

Returning Day: _____ Time: _____

- Transportation (Check all that apply):
- Car Rental
 - Train
 - Plane
 - University Vehicle
 - Contracted Bus Service
 - Other _____

Transportation Details (Please provide relevant details): ' U L Y H U ¶ V 1 D P H B B B B B B B B B B B B B B B B B B B

DMV Number of Driver: _____ Rental Service: _____

Name of Bus/Train/Airline Co.: _____ Flight/Train Number(s): _____

Will the travel require overnight lodging? • Yes • No

(If yes, please complete the nd theb5pomom tC /P3