Dickinson STATE UNIVERSITY

STUDENT TRAVEL REQUEST FOR APPROVAL FORM

TO BE COMPLETED BY TRAVEL SPONSOR
Return Completed Form to the Department Chair/Unit Supervisor

Domestic Travel ☐ **International Travel** ☐

Travel Sponsor: _____ EMPL ID: _____ Phone: _____

On Campus Contact During Travel_____ Phone: _____

Department/Unit:_____ Program/Organization:_____

Travel Start Date: _____ Travel End Date: _____
(Any independent student travel prior to or after these dates is not considered part of the DSU program.)

Travel Site/Destination: _____

Purpose of Travel: _____
(Attach tentative itinerary including contact person/s, address/es, phone numbers, and e-mail address/es if available.)

Mode of Transportation:

To Site: _____While at Site: _____

Travel Expense:

Estimated Cost of Trip: _____ FUND: _____ DEPT:_____

Student Participants:

(Students may be required to provide proof of additional insurance for international travel)

Last Name	First Name	EMPLID	Passport # for International Travel

Last Name	First Name	EMPLID	Passport # for International Travel

Other Participants including ancillary faculty, staff, volunteers, chaperones:

If more space is needed, attach a complete list of all students and/or other participants with the relative information.

Approval Signature:

Department Chair/Unit Supervisor _____ Date _____

In Case of Emergency Call:
Student Development: 701.483.2090 (day)
Hal Haynes-VP Student Development: 701.590.1378 (evening)

Total Students _____
Total Other _____
Total Days _____

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Copy to: **VP Student Development**
Facility Operations at time vehicle is checked-out
(Student participant list must be current at time of vehicle pick-up)

Attach a copy to the Travel Expense Voucher for payment upon return.