

## The Office of Student Life Travel Checklist

Club/Organization	Name	Email
	Position	Phone
Lead LCCC Staff/Faculty Attending	Name	Email
	Position	Phone

Travel Event Name	Location:
Departure Date ___/___/___	Return Date ___/___/___
Start Time ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	End Time ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM
Type of Travel <input type="checkbox"/> Local <input type="checkbox"/> In-State <input type="checkbox"/> Out of State	
Purpose of Travel <input type="checkbox"/> Program <input type="checkbox"/> Conference/Seminar <input type="checkbox"/> Retreat <input type="checkbox"/> Social <input type="checkbox"/> Other	

Pre Approval	✓	Date
Travel Notification and Approval Form		
Copy of Itinerary for Trip		
Final Budget and Cost of the Trip		
Pre Travel		
Travel Approval Received		
Waiver Forms for all Participants		
Emergency Information Forms for all Participants		
Conduct Agreement Form		
Conference Commitment Form		
Post Travel		
Written Report Turned In		
Verbal Report Given		
Additional Needs:		