



Trip/PO# _____

Student Travel Authorization

Part 1

SELECT VEHICLE: College Bus 44 College Bus 45 Other: _____ Private Vehicle

Group: _____ # of students: _____

Instructor(s) Name: _____

Department Name: _____ Dept # _____

Course Name and #: _____ Term: _____

Name of Chaperon(s): _____

Purpose: _____

Destination: _____

Dates of Trip: _____

Beg Mileage: _____ Ending Mileage: _____

Budget Account Number: _____ - _____ - 9030 - N - _____

AUTHORIZED DRIVERS - All drivers must provide a copy of their valid driver's license and proof of current vehicle insurance coverage prior to departure. For SAIF purposes, we must have all drivers listed.

Name	Signature	Driver's License #	State
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Note: Each traveler who operates a college-owned motor vehicle shall have a current, valid driver license. Each traveler who operates a private or rental automobile shall have (a) a current, valid driver license and (b) personal automobile insurance coverage that meets or exceeds the minimum requirements set forth by statute or motor vehicle code.

Supervisor Signature

Date

President's Signature

Date

BMCC is an equal opportunity educator and employer.



Student Travel Authorization

Part 2

Date of Trip: _____ **Chaperon Name:** _____ **Trip/PO#** _____

	Student Name <i>(Please Print)</i>	Student Signature	Emergency Contact Name	Emergency Phone #	Per Diem	Funds Returned	
1.				()	\$	\$	
2.				()	\$	\$	
3.				()	\$	\$	
4.				()	\$	\$	
5.				()	\$	\$	
6.				()	\$	\$	
7.				()	\$	\$	
8.				()	\$	\$	
9.				()	\$	\$	
10.				()	\$	\$	
11.				()	\$	\$	
12.				()	\$	\$	
13.				()	\$	\$	
14.				()	\$	\$	
15.				()	\$	\$	
The signatures above certify the field trip per diems were based on the most economical manner and were reviewed and approved as necessary for the conduct of BMCC business.					Total Meal Allowance	\$	\$