

Student Travel Itinerary

Name of campus contact person (not traveling): Phone number: _____	
Name of event (if applicable)	
Organization sponsoring trip	Destination
Advisor (if applicable)	Phone number at destination:
Faculty/staff traveling with group:	Cell phone number:
Purpose of travel:	
Proposed itinerary:	
Expected date and time of departure from Butte:	Expected date and time of return to Butte:
If traveling for more than one day, provide expected route of travel and hotel accommodations if different than location of event.	
Mode of transportation: Montana Tech vehicle: Car Activity bus SUV Minivan Personal vehicle Air- Name of airline _____ Charter bus- Name of company _____ Other- please identify _____	
If traveling by activity bus, SUV, or minivan, list all certified drivers:	
Number of students/faculty/staff traveling:	

Form completed by: _____ Date: _____

Title: _____

Copy the attached Emergency Contact List with all appropriate information and turn in on the day of travel.