

**STUDENT DOMESTIC TRAVEL PACKET
INSTRUCTIONS AND ROUTING FLOW**

- I. Forms must be completed for all domestic student travel. All employees traveling with students will need to review documents outlined in Employee Travel and Reimbursement 9-06(A).

- II. This document must contain the following attachments:
 1. Detailed Itinerary of Activities
 2. List of personal vehicles parked in the 2E Parking Lot.

- III. When the document is completed the following signatures are required:
 1. Travel Coordinator
 2. Cost Center Manager/PI/Chair
 - 2b. Grant Accountant - only if a grant is being used for student travel
 3. Appropriate Dean/V.P.

- IV. Once all signatures have been collected email the travel packet to the Enrollment Management Administrator at studenttravel@csc.edu.

- V. If a rental vehicle is needed the following signatures will be collected by the Enrollment Management Administrator:
 1. Executive Vice President
 2. President

- VI. Once travel has been approved by the Enrollment Management Administrator, a copy of the travel packet will be forwarded to accounting at travel@csc.edu and the police department's Communications Lieutenant at cspdtravel@csc.edu.

COLUMBUS STATE
COMMUNITY COLLEGE

STUDENT DOMESTIC TRAVEL PACKET
Confidential

Student/Group Name: _____

Name of Activity: _____

Travel Destination: _____

Departure Date/Time: _____ am pm **Return Date/Time:** _____ am pm

Staff/Faculty Travel Coordinator: _____ **Dept/Ext:** _____

Purpose of Travel:

- _____ Athletic Event _____ Student Group Activity _____ Field Trip
_____ Pre-College Program _____ Other _____

Staff/Faculty Traveling With Group:

Name: _____ **Cell Phone:** _____ **E-Mail:** _____

Name: _____ **Cell Phone:** _____ **E-Mail:** _____

Name: _____ **Cell Phone:** _____ **E-Mail:** _____

Name: _____ **Cell Phone:** _____ **E-Mail:** _____

Account Number(s): _____ **Project Id:** _____

Grants (Name/Title): _____

Total Travel Expenses:

| Should these fees be pre-paid by the business office? | Estimated Cost |
|--|----------------|
| • Lodging ___ Yes ___ No | _____ |
| • Airfare ___ Yes ___ No | _____ |
| • Registration Fee ___ Yes ___ No | _____ |
| • Meals - see Columbus State Procedure No. 7-03(E)(1G) ___ Yes ___ No | _____ |
| Additional Meals | _____ |
| Local Transportation (check all that apply) ___ Taxi ___ Bus ___ Shuttle ___ Other | _____ |
| Miscellaneous Expenses (specify) _____ | _____ |

Total _____

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| Lodging: | Confirmation Number: | | | |
|-----------------|-----------------------------|----------------|---|---|
| Hotel Name | Address | 24/7 Telephone | Check In (am/pm) | Check out (am/pm) |
| | | | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> am <input type="checkbox"/> pm |
| | | | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> am <input type="checkbox"/> pm |
| | | | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> am <input type="checkbox"/> pm |

Responding Police Agency: (to lodging location)

| Police Agency | Address | 24/7 Telephone | Fax Number |
|---------------|---------|----------------|------------|
| | | | |
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Nearest Hospital Emergency Room: (to lodging and event location(s))

| Hospital Name | Address | 24/7 Telephone |
|---------------|---------|----------------|
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Dining: (Restaurant or facilities that are contracted to provide meals)

| Restaurant | City and State | Meals Provided in Trip (select yes or no) | | |
|------------|----------------|--|-------|--------|
| | | Breakfast | Lunch | Dinner |
| | | | | |
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Departure Meeting Location: Columbus Campus Airport
 Delaware Campus Other _____

Meeting Time: _____ am pm

Mode of Travel: Air Rental Vehicle Charter Bus
 Personal Vehicle Other: _____

Flight Information:

| Date | Departure | | | | | Arrival | | | | |
|------|-----------|---|----------|------|----|---------|---|----------|------|----|
| | Airline | Time | Flight # | From | To | Airline | Time | Flight # | From | To |
| | | <input type="checkbox"/> am <input type="checkbox"/> pm | | | | | <input type="checkbox"/> am <input type="checkbox"/> pm | | | |
| | | <input type="checkbox"/> am <input type="checkbox"/> pm | | | | | <input type="checkbox"/> am <input type="checkbox"/> pm | | | |
| | | <input type="checkbox"/> am <input type="checkbox"/> pm | | | | | <input type="checkbox"/> am <input type="checkbox"/> pm | | | |

Personal Vehicle Information: (if used for trip)

| Year | Make | Model | Color | License Number | State |
|------|------|-------|-------|----------------|-------|
| | | | | | |
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Charter Bus:

Confirmation Number:

| Bus Service Company | Address | 24/7 Telephone | # Buses Chartered |
|---------------------|---------|----------------|-------------------|
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Rental Car:

Confirmation Number:

| Rental Company | Address/City/State | 24/7 Telephone | Year | Make | Model | License Number | State |
|----------------|--------------------|----------------|------|------|-------|----------------|-------|
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Other Transportation: (Please describe)

Important Contact Information:

| Contact Name/Department | Contact Telephone | Contact Fax Number |
|--|-------------------|--------------------|
| Columbus State Community College Police Department 550 E. Spring St. Columbus, OH 43215 | 614-287-2525 | 614-287-5403 |
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Persons Traveling: (as given on government issued ID) (identify any special needs or requirements under Notes/Misc. Information on page 5)

| Name | DOB | Cougar ID | Sex M/F | Stu/Emp | Emergency Contact Name | Contact Phone Number | Special Needs Y/N |
|------|-----|-----------|------------|---------|---------------------------|-------------------------|-------------------------|
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|------|-----|-----------|------------|---------|---------------------------|-------------------------|-------------------------|
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STUDENT DOMESTIC TRAVEL PACKET
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Notes/Misc. Information:

A large, empty rectangular box with a black border, intended for handwritten notes or miscellaneous information.

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- Required Information:** Attached itinerary of trip activities
 Attached list of personal vehicles left on campus (2E Parking Lot)
 Athletic Teams – All travel has been reviewed and is in compliance with appropriate inter-collegiate athletic governing bodies.

Signatures Required – All Travel

- | | |
|--|--|
| 1) _____ Travel Coordinator Date | 2) _____ Cost Center Manager/PI/Chair Date |
| 3) _____ Dean/V.P. Date (Appropriate to department traveling) | 4) _____ Enrollment Management/ Administrator of Strategic Operations & Standards Date |

Signatures Required – Grant

- 2b) _____
Grant Accountant Date

Signatures Required – Rental Vehicle

- | | |
|---|---|
| 5a) _____ Executive Vice President Date | 5b) _____ Columbus State President Date |
|---|---|