

**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. Staff/Faculty Travel Coordinator (employee coordinating the event with students)
 2. Cost Center Manager/PI/Chair
 - 2b. Grant Accountant - only if a grant is being used for student travel
 3. Appropriate Dean/V.P. or designee

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

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

- VI. Once travel has been approved by the Student Affairs 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

Nearest Hospital Emergency Room: (to lodging and event location(s))

Hospital Name	Address	24/7 Telephone

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

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

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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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) _____
Staff/Faculty Travel Coordinator Date | 2) _____
Cost Center Manager/PI/Chair Date |
| 3) _____
Dean/V.P. or designee Date
(Appropriate to department traveling) | 4) _____
Student Affairs Administrator Date |

Signatures Required – Grant

- 2b) _____
Grant Accountant Date

Signatures Required – Rental Vehicle

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