Student Organization Travel Notification Form
and/or
Request for Authorized Use of State Fleet Vehicles
North Dakota State University

This request is to be completed by trip leader in collaboration with faculty/staff advisor. For a state fleet vehicle request, submit this form no less than ten days prior to the anticipated travel date. For all other travel requests, submit no less than one week prior. Submit requests to the Dean of Student Life Office, Memorial Union 250.

Authorization for student groups to utilize state fleet vehicles is not guaranteed. Developing an alternative plan is highly recommended.

Travel Group Information

Organization name: (please spell out acronyms)

Faculty/staff advisor contact information:
- Name -
- Email -
- Cell Phone -
- Office Location -
- Office Phone -
- Faculty/Staff advisor title -

Trip leader contact information: (means by which trip leader can be reached both before and during the trip)
- Name -
- Email -
- Cell Phone -

Mode of Transportation:
- [ ] State Fleet
- [ ] Charter Bus
- [ ] Leased vehicle
- [ ] Personal vehicles
- [ ] Other__________________________________________

Trip Information

Name of specific function attending/participating in:

Dates of event:
- Start Date/time -
- End date/time -

Destination:
- Event Address -
- City and State -
- Lodging Facility & Address

Anticipated departure:
- Date -
- Time -

Anticipated return:
- Date -
- Time -

Trip Purpose

Purpose for attending function:

What is the official state business being conducted, NDSU function being performed or benefit to the State?

In what way will this travel benefit the student participants? (Include learning outcomes that articulate the educational value of participating.)
# Estimated Travel Costs & Funding

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<thead>
<tr>
<th>Costs</th>
<th>$</th>
<th>Sources of Funding</th>
<th>$</th>
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</thead>
<tbody>
<tr>
<td>Transportation</td>
<td></td>
<td>Student Government</td>
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<tr>
<td>Lodging</td>
<td></td>
<td>Department Funds (identify dept.)</td>
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<tr>
<td>Meals</td>
<td></td>
<td>Organizational Funds</td>
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<tr>
<td>Registration</td>
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<td>Personal Funds</td>
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<td>Other (parking, shuttle service, etc.)</td>
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<td>Other (grants, scholarships, etc.)</td>
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<td>TOTAL</td>
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## Participants/Passengers

List all participants/passengers: Please note: only individuals affiliated with a NDUS institution, who is performing official state business will be considered authorized to be in a state fleet vehicle.

List all potential drivers:

## Signatures

I acknowledge the information on this form to be true and complete.

**Trip Leader**

- Printed name:
- Signature:
- Date:

**Faculty/staff advisor**

- Printed name:
- Signature:
- Date: