STUDENT TRAVEL PLANNING WORKSHEET

Use this information to request travel by meeting with your group's advisor or a Hobson staff member. Be prepared to provide documentation for your conference/activity/reason for travel.

ORGANIZATION INFO

_____
ORGANIZATION NAME

_____
PRIMARY CONTACT NAME

_____
PRIMARY CONTACT PHONE NUMBER & EMAIL

_____
ORGANIZATION ADVISOR & EMAIL

O SAFAC TRAVEL FUNDING REQUESTED
DATE SUBMITTED: _____

TRIP INFO

_____
NAME OF EVENT / REASON FOR TRAVEL

_____
DESTINATION (CITY & STATE)

NUMBER OF TRAVELERS: _____

_____
TRAVEL DATES

TRANSPORTATION METHOD:
- O BSU VAN X ___
- O RENTAL VEHICLE X ___
- O PERSONAL VEHICLE X ___
- O AIR (X ___ TICKETS)
  COST PER TICKET $_____

ROUNDTRIP MILEAGE

_____
HOTEL NAME

_____
HOTEL LOCATION
- O FREE PARKING / NOT NEEDED
- O PARKING FEE $_____
  - O CHARGED PER DAY / PER VEHICLE

CATEGORY	OVERVIEW & MULTIPLIERS	TOTAL
Registration Fee $_____	per group (x 1) or per person (x ____)	$_____
Lodging	rooms x cost x nights	$_____
Transportation	fees, mileage, tolls, parking, airfare	$_____
Meals		$_____
Other	excursions + other activities	$_____

SOURCE	AMOUNT
SAFAC FUNDS Cost Center # _____	$_____
CASH/FUNDRAISING Cost Center # _____	$_____
OTHER UNIVERSITY FUNDS Cost Center # _____	$_____
INDIVIDUALS Out-of-Pocket	$_____

TRAVELER INFO

EVERY TRAVELER MUST PROVIDE CONTACT INFORMATION FOR THEMSELVES AND AN EMERGENCY CONTACT.
ALL DRIVERS MUST BE IDENTIFIED AND HAVE SUBMITTED THE VEHICLE USE AGREEMENT THIS ACADEMIC YEAR.

Bemidji State University | NTC | Northwest Technical College

Members of the Minnesota State system

STUDENT TRAVEL ROSTER

Complete and submit with the Workday Spend Authorization for all student travel.
Requests must be submitted at least one week prior to travel departure date.

Departure Date:_____ Return Date:_____

Department (Academic / Club / Organization):_____

Project / Event / Course Number:_____

Travel Destination (City, State):_____

Employee Contact:_____ Phone:_____

List all students participating in the trip, (attach additional pages as necessary). All drivers must be stated.

❗ Any changes to this roster prior to departure must be communicated via email to Business Services (travel@bemidjistate.edu).

Student Name	Driver	Tech ID	Cell Phone	Emergency Contact Name and Phone
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Spend Authorizations with incomplete rosters will not be approved and will be returned to the requestor.