Walla Walla University
Domestic Student Travel Request Application
University-sponsored

Prior to any advertising, fund raising, or making travel arrangements, field trips, tours, and other domestic university travel must be cleared with the department chair and/or appropriate administrator:

- Academic travel is approved by the Associate Vice President for Academic Administration.
- All other trips are approved by the Vice President for Student Life.

Requests should be submitted two weeks before the proposed departure date. This application is required if your trip meets any of the following criteria. Please check all that apply:

- [ ] One or more students with an overnight stay
- [ ] Any class will be missed by a student
- [ ] Athletic trip
- [ ] Academic field trip

(Class absences should be kept to a minimum.)

Describe the purpose of the university-sponsored trip:

________________________________________________________________________

________________________________________________________________________

Applicant Name: _______________________________  Departure Day/Date: __________  Time: _______
Email: ______________________________________  Return Day/Date: __________  Time: _______
Phone: ______________________________________  Destination(s): __________________________
Trip Leader(s): ________________________________  Distance one way: ________________________
Sponsoring Dept: ______________________________  For which class (if applicable): ____________  Faculty/Staff member(s) on trip: __________
For which class (if applicable): ____________  Distance one way: ________________________
Is this a regularly scheduled trip? ______________ Leader’s cell number during trip: __________
Participant list required
Leader’s email: _________________________________

Method of Transportation:

- [ ] All participants drive independently with no arrangements made by the leader(s).
  See Personal Vehicle Use policies.

Or

- [ ] All transportation provided by university-owned or business-rented vehicles, or privately-owned vehicles specifically arranged by the leader(s). Leader(s) are required to follow the Walla Walla University Driver and Transportation and Personal Vehicle Use policies.

For any privately-owned vehicles, personal auto insurance covers any accidents or injuries that might occur.

Note: 15-passenger vans may not be used for any university activities.

Comments or other relevant information:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

See reverse for required signatures.
Financial Information (complete only if expenses are over $400):

Estimated Funding (obtain signature below as needed):

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<th>Source</th>
<th>Amount</th>
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Total Funding _______________

Estimated Expenses:

Transportation _______________

Lodging/Meals _______________

Other _______________

Total Expenses _______________

Will there be any fund raising activity, either individually or organizationally, to pay for this trip?  Yes ☐  No ☐

If yes, obtain approval signature below.

If yes, how will funds be raised for this trip:

☐ Funds raised by individual from personal contacts

☐ Funds raised by individual from WWU donors or using WWU resources

☐ Funds raised by an organizing group or club

Signature by Advancement (VP or Designee)  Date

Application Process:

☐ I have read the Walla Walla University Travel and Vehicle Policies and Procedures.

☐ I have attached a proposed travel itinerary.

☐ I have attached an alphabetical list of all participants, clearly indicating which participants are not students. I understand that immediately prior to departure I am responsible for e-mailing an updated participant list to either the Associate VP for Academic Administration or VP for Student Life if there are any changes from the original list.

For academic travel submit for approval, with attachments, to Associate VP for Academic Administration.

Or

For all other travel submit for approval, with attachments, to VP for Student Life.

Required Signatures:

<table>
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<tr>
<th>Applicant</th>
<th>Date</th>
<th>Vice President/Associate Vice President</th>
<th>Date</th>
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*If you are a department chair/director/administrator, please have your immediate supervisor sign.

STOP. Do not write below line.

Financial Plan Approved:

Signature of Controller  Date

Authorization:

☐ Approved as submitted   ☐ Denied   ☐ Approved with the following stipulations: _______________

OR

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<th>VP for Student Life</th>
<th>Date</th>
<th>Assoc VP for Academic Administration</th>
<th>Date</th>
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After approval signature by AVPAA or VPSL, copy of this application will be sent to Applicant, Chair/Director, Accounting, Student Missions (if applicable), and to Risk and Safety Management for entry onto the travel calendar.

August 3, 2017