Student Travel Information Sheet

How to complete the Student Travel Forms:

1. The club determines the amount of authorized funding for travel. (Funds must be deposited in the account before committing funds.) All travel requests should be received in 218 Tawanka (if using a Club Account or ASEWU Account) at least four (4) weeks in advance for travel.

2. Fill out the Travel Forms providing any necessary estimates on lodging, air travel, car rental, and registration. You can obtain per diem rates from Student Life Accounting in PUB 320. If you are renting a car, do NOT purchase the insurance they sell with it because you are covered by EWU’s insurance. If you purchase additional insurance, you will NOT be reimbursed for that expense.

3. You must use a state approved travel agent to make any travel arrangements including airfare. You can get information on approved travel agents in PUB 320.

4. Each person must complete the Travel Authorization and Information Sheet. This information is confidential and will be used only in an emergency situation.

5. Each person must read, understand, and agree to the statement on the Liability Release Form before printing and signing their name on the form.

6. Once you have completed all the forms mentioned above, you will need to go to Student Life Accounting in PUB 320, and then submit the forms to Student Activities in Tawanka 218. Please be sure to attach an airline itinerary and conference brochure to your Travel Forms. You will also need to provide a list of people traveling (travel roster).

7. Keep a copy of the Travel Authorization and Information Sheet, and Emergency Procedures Form with you during travel for reference concerning procedures to follow in case of an accident or emergency.

8. Retain all receipts from travel:
   a. Passenger receipts (your boarding pass)
   b. Lodging receipts (zero balance)
   c. Itemized car rental receipt
   d. Receipts for taxi and other miscellaneous items
   e. Registration Receipt
   f. You do not need to retain meal receipts if you are on a per diem basis.
   g. Return all receipts to Student Life Accounting (PUB 320) within twenty-four (24) hours of your return.
APPLICATION FOR TRAVEL AUTHORIZATION
THIS FORM MUST BE RETURNED TO PUB 320 FOR PROCESSING

YOU WILL NOT BE REIMBURSED. THIS FORM TO BE FILLED OUT 4 WEEKS PRIOR TO TRAVEL.
YOU MUST FILL OUT ALL APPROPRIATE FORMS AND TRAVEL PAPERWORK IN STUDENT
ACTIVITIES BEFORE WE CAN PROCESS THIS PAPERWORK.

Your Name:_______________________________________________________________________________
Your Telephone #:__________________________________________________________________________
Your Campus Address (e.g., 215PUB):__________________________________________________________
Your Organization’s Name:___________________________________________________________________
Your Index #:_____________________________________________________________________________
How many people will be traveling?:____________________________________________________________
Head Traveler’s Name (must be an employee of EWU):_____________________________________________
Head Traveler’s EWU I.D. #:__________________________________________________________________
Head Traveler’s Campus Phone #:______________________________________________________________
Head Traveler’s Campus/Mailing Address:_______________________________________________________
Traveling From: ______________________________ To:___________________________________________
Purpose of Trip:____________________________________________________________________________
Date of Departure:______________ Time:___________ Date of Return:____________ Time:______________
Mode of Travel: Air___ Train___ Bus___ EWU Motor Pool Car___ Private Car___ Rental Car___ Charter___
Do you want a Travel Advance? YES____ NO____ Per Diem? YES____ NO____
Estimated Expenses:
Registration: ___________________________ (no. of people times amount per person, e.g., 6 people times $150 each = $900)
Lodging: _____________________________
Transportation: _________________________
Subsistence: ___________________________ 
These expenses are needed the day the traveler fills out this form. A completed registration form for each person
is required.
Transportation Request is needed for:
Air _____ Train _____ Rental Car _____ Charter _____ Bus _____
Name of Travel Agency:________________________________________________________________
Name of Rental Car Agency:______________________________________________________________
Names and ID numbers of people traveling: PRINT
____________________________________________________________________________________
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ADVISOR SIGNATURE:_________________________________________________________________
CLUB OFFICER TITLE AND SIGNATURE:___________________________________________________
If you have questions regarding this form, call Cathy @x7891 or Cheryl @x7852 or e-mail Cathy at
catherine.richter@mail.ewu.edu.
Travel Authorization and Information Sheet

This document is valid for the duration of your academic tenure while as an active member for the listed organization and will be retained for seven (7) years after leaving Eastern Washington University. All changes must be submitted to the Office of Student Activities. This form will be kept confidential.

Name: ___________________________ Phone: ___________________________

last    first    m.i.

Status (circle one): Student Faculty Staff Alumni Non-Affiliate

Student ID Number: _____________ - _____________ - _____________ Age: _____________

Birth Date: _____________ Sex: F _____ M ___

Weight: _______________ Height: _______________

Address (local): __________________________________________________________

Emergency Contact Person: ____________________________________________

Phone: ___________________________ Relationship: ___________________________

Address: __________________________________________________________________

List all prescription drugs and what they are for, which are necessary for you to take on trips or activities with the Student Activities Office: (If none, write, “none”)

________________________________________________________________________

________________________________________________________________________

Do you have or have you had any problems which you feel we should be made aware of (allergies, asthma, diabetes, epilepsy, broken bones, sprains, dislocations, heart conditions, etc.)?: Please explain: (If none, write “none”)

________________________________________________________________________

________________________________________________________________________

Do you have Student Health Coverage? YES / NO

Do you have additional medical insurance? YES / NO

If “Yes, what is your Insurance Co.?” ___________________________

Policy Number: ___________________________ Phone: ___________________________

Family Physician: ___________________________ Phone: ___________________________

I, the undersigned, affirm that the information disclosed on this travel authorization and information form is true and correct. I also authorize Eastern Washington University to release information regarding my participation in this travel to the above stated emergency contact(s). This information includes, but is not limited to: duration of event/trip and medical information. This consent is a waiver of my rights under the Federal Educational Records Privacy Act.

_________________________________________  ___________________________

Signature        Date
Student Organizations Acknowledgment/Waiver Form
This roster must be submitted three days before the trip

Organization: _________________________________________  Trip To: __________________

Begin date of trip: ___________________________   End date of trip: ___________________________

Reason for trip: ________________________________  Person in charge: __________________________

Phone: _________________________ Email: _________________________

I hereby acknowledge that, by participating in EWU Student Activities Office travel, I am doing so voluntarily and recognize that risks exist including, but not limited to, accidents resulting in cuts, abrasions, sprains, bruises, concussions, facial injuries, and fractured bones. By signing below, I assume all risks and will hold Eastern Washington University and its agents and employees harmless from any and all liability, actions, causes of action, debts, claims, and all demands arising from, or in connection with, my trip or participation in any and all activities arranged for me by EWU. This shall serve as a release and assumption of risk for all my heirs, executors, and administrators and for all of my family, including any minors accompanying me. I also agree to abide by all RCWs and Eastern Washington University’s code of conduct.

NAME (Please print)  Student ID  SIGNATURE   DATE

1. __________________________________________

2. __________________________________________

3. __________________________________________

4. __________________________________________

5. __________________________________________

6. __________________________________________

7. __________________________________________

8. __________________________________________

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Emergency Procedures  
(Keep this form with you when traveling)  

In the event that an emergency occurs while you are traveling on University business, we recommend the following procedures:

1) See to the health and safety of all involved, including yourself. If a member of the University group is transported to the hospital:
   a. Attempt to accompany him/her in the ambulance.
   b. If you are unable to ride with him/her to the hospital, find out the name and location of the hospital where he/she is being transported.
   c. If you are unable to do either of the above, assume that the student has lost their identification during the accident and place the individual’s name and contact number in his/her pocket.

2) If you are involved in a car accident:
   a. Answer all questions of the police truthfully and thoroughly.
   b. Do not immediately assume responsibility for a car accident.
   c. Record the other driver’s name, address, driver’s license number, and insurance company name and policy number. Also, record the license plate number, make, and model of the other car.
   d. Record the name and addresses of those who appear to be injured. Record the type(s) of injuries that they appear to have. If they were transported to a hospital, record where they were taken. If a member of the University group is transported by an ambulance to a hospital, follow the steps outlined in #1 above.
   e. Record the names and addresses of any witnesses.
   f. Record details of the accident: date, time, location, damage to vehicle(s), apparent speed of vehicles, weather condition, and road condition. In addition, note any traffic violations that you feel occurred that may have led to the accident. It is also helpful to draw a sketch of the accident.

3) Contact your University Advisor or trip contact person within one hour of an accident. Remember, if within the United States, you must call 911 for any emergence where the police, ambulance, or other emergency personnel are needed.

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<th>University advisor or trip contact’s name</th>
<th>Work Phone #</th>
<th>Home Phone #</th>
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4) If you are unable to make that contact, you may contact the Advisor for Student Organizations during business hours and after business hours call the Cheney Dispatch and explain your situation. Please have a phone number available for a University representative to call you back.

Advisor for Student Organizations: 509-359-4711
University Police: 509-498-9233