



**APPENDIX 3 – TRAVEL ITINERARY**

For College-Sponsored Travel

Faculty/Staff Member leading travel: \_\_\_\_\_

Contact number for above individual: \_\_\_\_\_ Alt: \_\_\_\_\_  
*(list additional faculty/staff participants on page 2)*

Destination (specific): \_\_\_\_\_ Dates of travel: \_\_\_\_\_

Purpose of travel: \_\_\_\_\_

Number of students participating: \_\_\_\_\_ Number of faculty/staff participating: \_\_\_\_\_

**METHOD OF TRAVEL**

- Class will meet at an off-campus location – Students are responsible for their own transportation
- Motor Pool vehicle – Name of employee driver(s): \_\_\_\_\_
- Helena College vehicle – Name of driver(s): \_\_\_\_\_
- Airline

Departing Flight	Flight Number	From Airport	Departure Time	To Airport	Arrival Time

Return Flight	Flight Number	From Airport	Departure Time	To Airport	Arrival Time

**HOTEL INFORMATION**

Name of Hotel: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**I have read and agree to comply with the Helena College Policy 300.5 Student Travel.**

Faculty / Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please submit to the Business Office with an **Appendix 2-Student Agreement to Participate** for each student and **Roster**, copies to Associate Dean of Academic and Student Affairs (academic and non-academic).*

**ADDITIONAL FACULTY/STAFF PARTICIPANTS**

_____	Contact number: _____
_____	Contact number: _____
_____	Contact number: _____
_____	Contact number: _____
_____	Contact number: _____