



### 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 the Executive Directors of General Education or Career Technical Education, or Director of Nursing (academic and non-academic).*



**ADDITIONAL FACULTY/STAFF PARTICIPANTS**

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