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TRAVEL REQUEST FORM

This form is required for all off-campus travel organized by MCC clubs or organizations.

Club/Organization Name: _____ Date: _____

Dates of Travel: Depart _____ Return: _____

Destination (city, state, address if applicable): _____

Purpose of travel: _____

If conference or seminar, sponsoring association: _____

If there is a registration fee, how much is it per person? _____

How many club members will be attending? _____

Who will accompany as your advisor? _____

Will you be staying overnight? [] yes [] no

If yes, will you require accommodations?*[] yes [] no

* SUGA Funds may not be used for hotels less than 40 miles from campus

Hotel Information:

Name: _____

Address: _____

Phone: _____

Cost: _____

What are your transportation needs? (check all that apply)

- [] chartered bus or van [] plane
[] public bus or train [] no transportation needed
[] car [] other

Cost _____

What other costs do you anticipate? _____

Total anticipated expenses for trip? _____

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Please read carefully and sign below:

1. This form must be completed in its entirety and submitted no later than six weeks prior to departure (only 3 weeks, if not overnight). A meeting is required with the Director of Leadership Development and Student Activities to discuss details for all overnight travel.
2. All student travel requires signed risk and release forms prior to departure. These can be picked up in the Student Activities Office.
3. All College policies (as stated in the Student Handbook) apply when traveling.
4. S.U.G.A. funds do not apply towards meals, phone calls, or personal spending.
5. Reimbursements are not encouraged. All expenses must be planned ahead of time. Unforeseen costs may be spent at discretion of advisor.
6. If the travel request is approved, the Student Activities Office will make all arrangements.

I have read the above paragraphs and have scheduled my appointment to meet with the Director of Leadership Development and Student Activities. I understand all policies and procedures agree to abide by all regulations.

Student Executive Officer _____ **Date** _____

Faculty/Staff Advisor _____ **Date** _____

This form must be returned to the Office of Student Activities no later than three weeks prior to departure. Thank You!

For Office Use Only

Form Reviewed by _____ SUGA Representative
_____ Coordinator SAO meeting date _____

- Approved Funds Allocated: _____
 Denied Reason: _____
 Pending Reason: _____

Notes: _____

