

BRIGHAM YOUNG UNIVERSITY – IDAHO

Please enter all the needed information or mark N/A.

Check One Overnight Student Travel Authorization (1-6 day) Tour Authorization (7+ days)

Tour Name: _____ Destination: _____ Request Date: _____

Tour Director's Name: _____ ID# _____

Office Phone _____ Home Phone _____ Cell Phone _____

Other Employee Supervisors traveling with group: (Home & Cell numbers for Emergency Use Only)

Name _____ Office Phone _____ Home Phone _____ Cell Phone _____

Name _____ Office Phone _____ Home Phone _____ Cell Phone _____

First responder in an emergency/disaster: (**must** be faculty member or administrator and **cannot** be traveling with the group)

Name _____ Office Phone _____ Home Phone _____ Cell Phone _____

How will this trip be funded? _____

Course Fee per student: \$ _____ Participant Fee per student: \$ _____

Dept/College/TER per student: \$ _____

Dept. Office Assistant: _____ Office Phone _____ Home Phone _____ Cell Phone _____

Define the nature of activities, the associated risks and how to keep participants in the "zone of safety."

Purpose/Benefits of Travel: _____

Travel Dates: _____ to: _____ Required Academic Travel: Yes No

If no, please have students complete waiver (link)

If Required Travel, Course # _____ Type of Overnight Accommodations: _____

Hotel Name _____ Address _____ Phone _____

Means of Transportation: _____ Names of Authorized Drivers: _____

Estimated # of Students: _____

Names of Chaperones: _____

Spouses attending: _____ Spouse Fee _____ Children attending: _____ Children Fee _____ Click here for details

To receive authorization, please attach the following documents:

1. **Travel itinerary.**
2. **A completed Travel Participants Form (link). This list must contain ALL individuals who are traveling with the group, including spouses, etc. This information is required 3 working days prior to your departure date. Please refer to the new instructions for method of delivery. (link)**

I have read and will comply with the BYU-Idaho Student Travel Policy, (link) Employee/Spouse/Dependent Expense Policy and all other related procedures.

Director's Signature: _____

APPROVAL:

Department Chair: _____

College Dean: _____

Vice President Designee: _____

Date Approved: _____

For Overnight Travel

Account # TA #

ACCOUNTING OFFICE – For Tour Authorization

Account Number: _____

GTE Number: _____

Student Fee: _____

Deposit: _____