

Travel Agenda (Completed by Trip Coordinator)

This form MUST be completed by the Whittier College faculty/staff authorizing, advising, or coordinating the off-campus travel.

If you need assistance during the activity/trip call Campus Safety at (562) 907-4211.

Please have all student participants submit the Student Activities Release Waiver. Send the participants the following link to complete the form electronically: <https://orgsync.com/80436/forms/274327>

Note: Each time a student submits this form you will receive a notification from OrgSync entitled "Review Request by <Student Name>". You do NOT need to complete another Travel Agenda each time you receive the notification. Only fill out one form per activity.

Event Information

Name of Activity/Event [Required]

Activity/Event is for [Required]

Valid input:

- Select only one choice.

- ☐ class
- ☐ athletics
- ☐ internship
- ☐ student organization sponsored
- ☐ service/project
- ☐ department sponsored

Will the activity be overnight? [Required]

Valid input:

- Select only one choice.

☐ Yes

☐ No

Will the activity be done over several days? [Disabled]

To be used when students are assigned to visit a location between a certain period of time.

Valid input:

- Select only one choice.

☐ Yes

☐ No

Event Information Continued

Departure Date & Time [Required]

Location of Activity/Event [Required]

include full address

Return Time [Required]

EMS Confirmation #

Trip Coordinator Contact Information

Trip Coordinator's First & Last Name [Required]

Trip Coordinator's Department / Organization [Required]

Trip Coordinator's Cell Phone Number [Required]

Needed in case of emergency

Valid input:

- must be 10-15 digits long and may include only numbers, hyphens, and spaces.

Is there a secondary person coordinating this activity/trip? [Required]

Valid input:

- Select only one choice.

☐ No

☐ Yes

Secondary Trip Coordinator Member

Secondary Trip Coordinator's First & Last Name

Secondary Trip Coordinator's Department / Organization

Secondary Trip Coordinator's Cell Phone Number

Valid input:

- must be 10-15 digits long and may include only numbers, hyphens, and spaces.

Activity with Duration

Date the Activity is Assigned [Disabled]

Date the Activity Must Conclude [Disabled]

Overnight Event

Departure Date & Time [Required]

Return Date & Time [Required]

Hotel / Name of Lodging [Required]

Address of Lodging [Required]

Hotel / Lodging Phone Number [Required]

Valid input:

- must be 10-15 digits long and may include only numbers, hyphens, and spaces.

Travel Roster

Please have all participants submit the Student Activities Release Waiver. Send the participants the following link to complete the form

electronically: <https://orgsync.com/80436/forms/274327>

Note: Each time a participant submits this form you will receive a notification from OrgSync entitled "Review Request by <Student Name>". You do NOT need to complete another Travel Agenda each time you receive the notification. Only fill out one form per activity.

Participant Roster Upload [Required]

Please include the first and last name, poet email address, and ID # if possible for each participant.

If participants are car pooling please also indicate which participants are drivers and which passengers are in their vehicle.

Browse for the document (excel, word, or pdf format) on your computer and upload it here.

Transportation

Mode of Travel [Required]

Check all that apply

- ☐ Personal Vehicle(s)
- ☐ Rented Vehicle(s)
- ☐ Bus
- ☐ Airplane
- ☐ Public Transportation
- ☐ Walking / Cycling
- ☐ Not Applicable

Personal Vehicle(s)

*ONLY Approved drivers are able to drive other passengers on behalf of the College.

All drivers must have completed an ADR (American Driving Record) form and submitted it to Human Resources 3-5 business days prior to the trip.

If you have additional drivers (or do not know the email address of the drivers) please send them the following link: <https://orgsync.com/80436/forms/99604>

Driver First Name and Last Name

Are there additional drivers?

Valid input:

- Select only one choice.

- ☐ No
- ☐ Yes

Rental Vehicle(s)

Number of rental vehicles [Required]

Valid input:

- Numeric - ex: 1111

Rental Company Name [Required]

Rental Company Phone Number [Required]

Valid input:

- must be 10-15 digits long and may include only numbers, hyphens, and spaces.

Number of Student / Staff / Faculty Drivers [Required]

Valid input:

- Numeric - ex: 1111

*ONLY Approved Drivers are able to drive. All drivers must have completed an ADR (American Driving Record) form and submitted it to Human Resources 3 - 5 Business Days prior to the trip.

Traveling by Bus

Would you like assistance with reserving a bus? [Required]

Valid input:

- Select only one choice.

☐ Yes

☐ No

Bus

Complete the Bus Request Form and the LEAP Office Staff will reserve a bus and send the invoice to the corresponding department. Speak to Eva Covarrubias at ecovarrubias@whittier.edu if you have questions.

Signature

In the event of an emergency, please see the handout: Handling Emergencies While Driving Personal Vehicles

Terms & Conditions [Required]

By completing this form, I authorize this Whittier College sponsored travel to take place.

In the event of an emergency, I or the lead person on the trip will call Campus Safety at 562-907-4211.

Valid input:

- Select only one choice.

☐ I Agree

Flight Information

Departure Airline Name [Required]

Departure Flight Number [Required]

Departure City [Required]

Arrival City [Required]

Is there another flight? [Required]

Valid input:

- Select only one choice.

☐ No

☐ Yes

Second Flight

Departure Airline Name

Departure Flight Number

Departure City

Arrival City

Additional Drivers

If you have additional drivers (or do not know the email address of the drivers) please send them the following link: <https://orgsync.com/80436/forms/99604>

2nd Driver First Name and Last Name

3rd Driver First Name and Last Name

4th Driver First Name and Last Name