INSTRUCTIONS FOR TRAVEL INVOLVING STUDENTS

Travel Involving Students (not including Intercollegiate Athletics)

1. Travel Sponsored by Student-Fee Funded Organization or Recognized Club (any SIF or CLB funded travel)
    a. If more than one person, the group chooses a Designated Responsible Party (DRP).
    b. The individual or the DRP fills out Travel Authorization(s), Student Travel Request, and detailed daily itinerary. Each student fills out a Activity Waiver and includes their name on the Participant Roster for Travel Involving Students.
    c. DRP submits all paperwork to the Center for Student Involvement (CSI).
    d. CSI reviews paperwork for completeness, appropriateness, and appropriate usage of funds, signs off, and forwards the Activity Waiver to Office of the Vice-President for Finance and Administration and all other forms to the Office of the VP for Student Affairs.
    e. VP for Student Affairs reviews all forms, signs the Travel Authorization(s) and Student Travel Request and sends Travel Authorization(s) to Accounts Payable Travel Coordinator. A copy of the signed Student Travel Request is returned to the CSI.
2. Travel Sponsored by a University Department (other than Intercollegiate Athletics)
    a. EOU faculty or staff will serve as the DRP.
    b. DRP will fill out Travel Authorization, Student Travel Request, and detailed daily itinerary. Each student fills out an Activity Waiver and includes their name on the Participant Roster for Travel Involving Students.
    c. DRP submits all paperwork to their College Dean or Department Head.
    d. College Dean or Department Head reviews paperwork for completeness, appropriateness, and appropriate usage of funds, signs off, and forwards the Activity Waiver to Office of the Vice-President for Finance and Administration and all other forms to the VP for Student Affairs.
    e. VP for Student Affairs reviews all forms, signs the Travel Authorization(s) and Student Travel Request and sends Travel Authorization(s) to Accounts Payable Travel Coordinator. A copy of the signed Student Travel Request is returned to the College Dean/Department Head.

Complete checklist below to ensure compliance.

Prior to Travel

- Student Travel Request is completed.
- Participant Roster completely filled out and accurate.
- Travel Authorization form is completed
- All student participants have filled out and signed an Activity Waiver.
- A detailed daily itinerary listing travel routes, lodging, and activities for each day of the trip is attached.
- If you are traveling to a conference, training, or other organized event, copies of brochures or other materials describing the event(s) are attached.

Day of Travel

- Ensure that the Participant Roster is still accurate and complete. If any new participants have been added, have participant sign an Activity Waiver and add them to the Participant Roster.
- If any changes to the Participant Roster are made, contact Student Affairs and provide them with the updated roster and any new Activity Waivers. If after-hours or on the weekend, contact Campus Security.
- If any changes to the itinerary are made the day of or during travel, contact the Office of Student Affairs via phone and inform them of the details of the changes. Leave a message if after-hours or on a weekend.

STUDENT TRAVEL REQUEST
EASTERN OREGON UNIVERSITY

INSTRUCTIONS:

⇒ This form is to be completed by the faculty/staff advisor or the group's Designated Responsible Person.

⇒ Student travel for <u>any</u> EOU purpose must receive approval through this form (except intercollegiate athletics.)

⇒ Attach Participant Roster for Travel Involving Students.

⇒ A detailed daily itinerary for each day of travel must be attached including flight/train/bus information (if applicable), lodging, and daily travel plans. If traveling to an organized event, copies of brochures, flyers, etc., should also be attached.

⇒ Requests must be submitted to the Center for Student Involvement for CLB or SIF travel or the College Dean's Office for processing and **<u>approval prior</u>** to travel to the event or activity. CSI or Dean must forward approved forms to the VP for Student Affairs Office well in advance of travel.

Travel Information

Organization Name: _____
(Student organization or academic department)

Destination: _____ Travel Dates: from _____/_____/_____ to _____/_____/_____

Departure Time: _____ a.m./p.m. Return Time: _____ a.m./p.m.

Travel Route(s): _____
(Example: west on I-84 then south on 97, etc.)

Purpose of Travel: _____

Faculty or Staff Advisor Traveling with Student/s or Student Group: Yes ☐ No ☐

Designated Responsible Party: Name: _____ Signature: _____
PRINT

Telephone number of Responsible Party: _____ *(must be able to be reached during travel)*

Attach a copy of the Travel Authorization Form

Circle One: STATE OWNED VEHICLE PRIVATELY OWNED VEHICLE
COMMERCIAL AIRLINE TRAIN BUS OTHER (specify) _____

Driver: _____ Driver: _____

Driver: _____ Driver: _____

Travel Approval

Approval Recommended by: _____ Print Name: _____
Faculty/Staff/Advisor Signature

Reviewed by CSI/College Dean: _____
Signature Date

Approved by VP Student Affairs?: Yes ☐ **No** ☐

_____
Signature Vice President for Student Affairs Date

Participant Roster for Travel Involving Students
(Must be attached to Student Travel Request Form)

Organization Name: _____

Designated Responsible Person: _____ Cell Phone Number: _____

Itinerary: _____

_____

Student Name	Travel Contact Information	Emergency Contact Name/Number

Note: Emergency Contact may not be another traveler or EOU student unless a spouse, domestic partner, or parent/legal guardian is a student. If there are changes to this roster after submission, submit modified roster as soon as possible to Student Affairs, Inlow 206. If day of travel, contact Campus Security at (541) 962-3911.

Banner Document # _____
For Travel Office use only

EASTERN OREGON UNIVERSITY

TRAVEL AUTHORIZATION and ADVANCE FORM

PLEASE NOTE:

*** This form must be completed and approved at least one week prior to the beginning of the trip.**

SECTION 1: MANDATORY FOR ALL IN AND OUT OF STATE TRAVEL AND TRAVEL ADVANCES

NAME: _____ PURPOSE: _____

DEPARTMENT: _____ _____

TRAVEL DATE(S): _____ _____ Normal course of business
_____ Training _____ Recruitment

TRAINING JUSTIFICATION REQUIRED BY DEAN, IF MORE THAN ONE PERSON ATTENDS SAME TRAINING SESSION - - RECRUITMENT IS FOR RECRUITING EMPLOYEES

DESTINATION: _____
(CITY) (STATE) (COUNTRY if foreign travel)
(OUT OF STATE AND FOREIGN TRAVEL REQUIRE APPROVAL BY DEAN PRIOR TO DEPARTURE)

TRANSPORTATION TYPE:
_____ AIR _____ GROUND

AMOUNT APPROVED: _____

_____ **INDEX CODE:** _____
(EMPLOYEE SIGNATURE) (DATE)

BANNER GENERATED NUMBER (REQUIRED): 910_____
Approval: I certify that this trip is necessary and that required funds are allotted for this expenditure.

_____ _____
(DEPT. HEAD APPROVAL) (DATE) (CABINET APPROVAL-WHEN REQUIRED) (DATE)

_____
(DEAN APPROVAL) (DATE)

SECTION 2: TRIP COST WORKSHEET

ANTICIPATED TRIP COSTS
Mileage _____ miles x $0.50/mile: $ _____
Per Diem: **(student mileage rate is .35/mile)**
Meals $ _____
Lodging $ _____
Other $ _____
Total Total $ _____

SECTION 3: REQUEST FOR TRAVEL ADVANCE

AMOUNT: _____ DATE FOR PICKUP AT CASHIER'S WINDOW: _____ -OR-

DATE FUNDS NEED TO BE AVAILABLE THROUGH DIRECT DEPOSIT: _____
(Checks are printed on Wednesdays, Direct Deposit is done four times per week)

INDEX: _____ ACCOUNT CODE: _____

SIGNATURE IS AN AUTHORIZATION FOR PAYROLL DEDUCTION FROM EMPLOYEE'S PAYROLL CHECK IF ADVANCE IS NOT SETTLED WITHIN 30 DAYS FROM THE CONCLUSION OF THE TRIP.

EMPLOYEE SIGNATURE: _____

DATE: _____ Business Office Audit Approval: _____

ROUTE APPROVED COMPLETED FORM TO:
Carrie Pollard - Accounts Payable, Inlow Hall 208, 541-962-3856

Version 7: Updated 01/01/10

EASTERN OREGON
UNIVERSITY

ACTIVITY WAIVER

Eastern Oregon University will allow students to attend/participate in the following: _____

Persons wishing to participate in student-sponsored activities agree to the following that are applicable to the event:

I agree to abide by the following rules:

- Follow safety and other instructions provided by the instructor and officers of the university;
- Share responsibility for my personal safety and not endanger others who are participating in the activity;
- Operate and use equipment, tools and materials in a proper and safe manner. If my failure to act safely at all times results in injuries, I may forfeit my right to participate in the activity at the discretion of the university designee;
- Immediately report all defective equipment and/or unsafe acts and dangerous conditions to professor or the person(s) in charge of the activity/event;
- Operate a State of Oregon motor vehicle only after being pre-authorized by Eastern Oregon University.
- I agree **not to** use or possess alcohol or drugs at any time while traveling, lodging, or participating in the event/activity.
- I understand that participation in this activity is voluntary and that failure to comply with this waiver, or in any way bring discredit to the university or participants will terminate my participation.
- I acknowledge that I have the physical capacity reasonably necessary to engage in the above described activity.
- I acknowledge by attending the activity I am encouraged to have a physical examination in advance and obtain adequate personal health and accident insurance prior to participating in the activity.
- In case of emergency, accident or illness, I give my permission to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be responsible for all medical expenses which are incurred on my behalf.
- The Oregon Tort Claims act (ORS 30.260 to 30.300) permits Eastern Oregon University to accept responsibility only for the acts of its officers, employees, and/or agents. Eastern Oregon University is prohibited from accepting any liability for the acts, omissions and conduct of persons participating in activities. I indemnify, defend and hold harmless the State, Eastern Oregon University, its officers, agents and employees from all claims, suits or actions of any nature arising out of my participation in the above described activity, other than negligent acts of Eastern Oregon University, it officers, employees and/or agents.
- I acknowledge that I am participating at my own risk. I understand there is a risk of injury in participating in the following activity, _____ due to the inherent nature of the activity. By signing below, I acknowledge that I understand this assumption of risk and agree to the conditions listed above.

_____/_____/_____
Name Signature Date

_____/_____/_____
Parent/Guardian under 18 Signature Date

_____/_____/_____
Emergency Contact Person Relationship Telephone

State of Oregon, Eastern Oregon University, Department of _____

By: _____Title:_____Date:_____
Eastern Representative

* Additional signatures on reverse side