

Domestic Travel Request Application

2014-2015

Dated received by Spiritual Formation: _____

918-495-7767
Fax 918-495-7722

TRIP TYPE

(CHECK ALL THAT APPLY)

- ☐ MISSIONS TRIPS
- ☐ FOREIGN TRAVEL
- ☐ STUDY ABROAD
- ☐ STUDENT TRAVEL

Itinerary: Countries traveled to or through:

Purpose of Trip: _____

How is the trip being funded and how are funds being managed? _____

Does this trip involve students? Who is making arrangements for transportation, lodging and meals? Give details – including any outside travel agency or another organization involved in the arrangement.

Signature of Requestor: _____ Date: _____

Please print name: _____

Academic Dean	Date	Vice President	Date
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Risk Management	Date	Spiritual Formation	Date
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**Please submit this application to Dean Boyd's Office in Christ's Chapel (WC 108)
or E-mail cboyd@oru.edu at least three weeks prior to the trip's proposed departure date.**