

WCSU STUDENT ACTIVITY FEE

FIELD TRIP WORKSHEET

**THIS FORM IS NOT FOR OVERNIGHT TRAVEL.
Use this form for DAY TRIPS ONLY.**

(A) Person Organizing the Trip:

Student Organization: _____

Contact Name: _____

Phone: _____

Email: _____@wcsu.edu

(B) Trip Information:

Destination: _____

Date(s) of Travel: _____

Purpose of Trip (attach copies of brochures, information from website, etc):

Meeting Date: _____

*A copy of the minutes must be attached for all transactions.***(C) Who is Traveling?**

Number of students traveling: _____

Number of advisors traveling: _____

Total number of travelers: _____

Full Name of Primary Advisor: _____

Phone: _____ Advisor Banner ID: _____

(D) Expense Information

Transportation:

Charter Bus/Rail Tickets: \$ _____

*-Charter Busses will be done on a Purchase Order. **Please attach a confirmation or invoice.***

Events/Museums/Performances:

Name: _____ Cost: \$ _____

Name: _____ Cost: \$ _____

*Check this box if any of these expenses will **need to be prepaid** by the University. Attach a separate invoice and W-9 form from each vendor receiving pre-payment.*

*-If using the Box Office, please attach a completed Trip Ticket Request Form. **NOTE: Box office income will be deposited into your (815) fundraising account. When totaling the amount in the above budget grid, add potential ticket income in the (815) section.***

Fund	Account	Amount
X81001		
X81000		
TOTAL		

(E) Required Signatures

Treasurer or President Date _____

Advisor Date _____

Verification by SAF Financial Assistant Date _____

Student Activity Fee Financial Manager Date _____