



INSTITUTE OF
TECHNOLOGY

STUDENT OVERNIGHT TRIP TRAVEL PACKET

General Instructions:

1. *Club/Organization Trips*: The Campus Activity Request will be approved by the Director of Student Life.
Class Trips: The Campus Activity Request will be approved by the School Dean or School Assistant Dean approving off campus activity for the class.
2. For Overnight Trips - the Campus Activities Request, Trip Insurance Reporting Form, Employee Acknowledgment form, Student Travel form, and Overnight Trip Request **must be returned to the Department of Student Life at minimum 2 weeks before the trip begins.**
3. Only one trip may be reported on one **Trip Insurance Reporting form**. All individuals making any one trip must be reported on the same form.
4. All blanks, except reporting date and time 'Student Life Use Only', must be completed on the Trip Insurance Reporting Form.
5. The first and last names of all individuals to be covered must be given on all forms. Any changes must be reported before the trip begins.
6. Payment may be made by cash, personal or University check, or charged to a student organization or department account number and must be made before the trip begins for the Trip Insurance Reporting form.
7. The name and phone number of a contact person must be provided on the "Reported by" line on the Trip Insurance Reporting form. This employee will not be covered under University Travel unless listed as making the trip.
8. If the Student Life office does not have an **Employee Acknowledgment** on file for the employees making the trip, please also sign and print this form! These forms will need to be signed and recorded annually.
9. A **Student Travel Form** will need to be signed by **each student** accompanying the trip. If student is not 18 years of age, a parent/guardian must sign for them.
10. In order to process overnight travel accommodations for, the **Overnight Trip Request** form will need to be filled out to aid in that process. Employee(s) going on trip please sign as Class/Organization Sponsors, Student Life will obtain all other required signatures.

Once you have all documentation in this travel packet filled out, please return to Student Life by email or in person - Covelle Hall or hope.hubbard@okstate.edu .



**Trip Insurance
Student Life Department
Covelle Hall
918-293-4942**

When Do I Buy Insurance? Every time you leave Okmulgee city limits on a sponsored trip by a University department or recognized/registered student organization. Insurance must be purchased whether you are traveling in a university or personal vehicle. **Purchase insurance for students going on the trip. Trip insurance must be purchased at least 24 hours in advance of the trip.**

What Do I Need? To purchase trip insurance you must complete both a Trip Insurance Reporting Form and a Campus Activities Request. - **Overnight Trips require additional documentation, please contact the Student Life for that Information.**

Where Do I Buy Insurance?

If the department/Organization has agreed to pay for the insurance through a CVI, the Dean/Advisor must provide the account number to be charged for the insurance on the form. Bring the completed Trip Insurance Form and completed Campus Activities Request to the Student Life Office or email both forms to hope.hubbard@okstate.edu .

Who May Be Covered? Any OSUIT student who is taking a trip sponsored by a University department or recognized/registered student organization is covered by this insurance.

What Is the Cost? The cost is \$.40 per person per calendar day (not 24 hour period). This charge is to be paid at the time the insurance form is filed for departmental or student organization trips.

Requirements for Coverage:

1. The trip must be under the sponsorship of a University department or recognized/registered student organization.
2. The destination must be outside the corporate limits of Okmulgee but within the United States, Canada, or Mexico. Coverage begins at the point of departure.

Exclusions: The following will not be covered:

1. Snow skiing, water sports, and activities as well as intercollegiate athletic competition of any kind including competition between groups or organizations.
2. Trips outside of the United States, Canada, or Mexico.
3. Individuals who are not enrolled students, faculty, or staff.
4. Trips taken in private airplanes.
5. Personal trips or vacations.
6. Partial coverage cannot be extended, wherein the trip would be covered but the activities excluded.

What Means of Transportation is Required? Coverage may be taken on any trip taken private, or in a University, commercial vehicle as long as the trip meets the requirements.

Limits of Coverage:

Accidental Death	\$5,000
Loss of both hands or both feet or entire sight of both eyes;	
Loss of one hand or one foot and entire sight of one eye	\$5,000
Loss of one arm or one leg	\$2,500
Loss of one hand or one foot or entire sight of one eye	\$2,500 (\$1,250)
Physician, surgeon, hospital, and nurse	\$1,000*

*There is a \$25.00 deductible clause on all claims made on this policy.



INSTITUTE OF TECHNOLOGY

Campus Activity Request

When completed, submit this form to Student Life

Name of Event or Activity: _____

Facility/Area to be used: _____

Event Date: _____ Day of week: _____ Time: from _____ am/pm to _____ am/pm

If Set-Up/Tear-Down Time Required, Please Specify

Date: _____ Day of week: _____ Time: from _____ am/pm to _____ am/pm

Purpose of Event or Activity: (list types of activities planned, i.e., meeting, lecture, etc): _____

Group Submitting Request: _____

Contact Person for Event or Activity: _____ Telephone #: (____) _____

Anticipated Attendance: _____ Open to Public: Yes _____ No _____

Who Will Set-Up? _____ Self _____ Physical Plant Services _____ Other (Please Specify)

Food Services Requested? _____ Yes (If Yes, Contact Food Services @ 293-4964) _____ No

Please List any Special Services or Equipment Requested:

(If you have an Audio Visual Equipment Request, Contact the Campus Library @ 293-5080)

Student Groups Requesting Approval for a Student Organization Sponsored Activity or Trip should submit a completed Campus Activity Request Form to the Student Life Office for Approval. For Student Trip Requests, Trip Insurance Forms should be received by the Student Life Office 24 hours prior to the Date of the Trip. All other requests to reserve Areas or Facilities on the OSU Institute of Technology Campus should be submitted to the Student Union Services Office for Approval.

Responsible Party Designee

Date

University Approval APPROVED OR DISAPPROVED

Date



TRIP INSURANCE REPORTING FORM

INSTITUTE OF TECHNOLOGY

Attach a copy of the receipt from the Bursar's Office if necessary and submit to Student Life with Campus Activity Request

Student Life	
Office Use Only	
Reporting Date	_____
Reporting Hour	_____
SL Staff Initials	_____

making trip _____
 x # calendar days _____
 = # of days _____
 x .40 per day **\$0.40**
 = Total Due _____

Deposit Code : DD51
 Department / Club/Org. _____
 Charge Acct. # _____
 Send bill to: (Name) _____
 Campus Address _____

RETURN TO THE STUDENT LIFE DEPARTMENT AT LEAST 24 HOURS PRIOR TO LEAVING CAMPUS. DO NOT MAIL IN CAMPUS MAIL. ALL BLANKS MUST BE COMPLETED.

<u>Departure</u>		<u>Return</u>		Name of Group or Class	Purpose of Trip	Destination
Date	Time	Date	Time			

NAMES OF STUDENTS MAKING TRIP (Use back for additional names, please number.) **ONLY LIST OSUIT STUDENTS .**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
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11. _____
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30. _____
31. _____
32. _____
33. _____
34. _____
35. _____
36. _____
37. _____
38. _____
39. _____
40. _____

Reported by: _____

Phone: _____

NOTE: The cost is calculated at the rate of \$0.40 **per** person per calendar day. The money must be collected and returned with this form prior to leaving campus.

Exclusions:

1. Snow skiing, water skiing, water sports and activities, rock climbing and intercollegiate athletic competition of any kind, including competition between groups or organizations.
2. Trips outside the United States, Canada, or Mexico. (Trips within the Stillwater city limits is not available)
3. Individuals who are not enrolled students, faculty, or staff.
4. Trips taken in private airplanes.
5. Personal trips or vacation.
6. Partial coverage cannot be extended wherein the trip would be covered but the activity excluded.



INSTITUTE OF TECHNOLOGY Employee/Sponsor Acknowledgement Statement

As a result of the Drug-Free Policy Statement, 1-018, concerning the prohibition of drugs and alcohol in college-owned buildings, facilities, grounds, or other property owned and/or controlled by the college or as a part of college activities, the following expectations apply to you as a representative of OSUIT.

- All OSUIT individuals participating in an OSUIT-sponsored trip are held accountable to all policies of OSUIT as stated in the student handbook and campus policies. In addition, all individuals will obey civil laws at the local, state, and federal level.
- The use of alcohol during any OSUIT-sponsored activity is strictly prohibited, unless an exception has been granted by the Senior Administration, and written approval provided as documentation.
- Any violation of the drug-free policy shall be subject to disciplinary action up to and including termination from employment. In addition, any individual that chooses to violate this policy may be asked to reimburse OSUIT for his/her portion of the participation cost paid by the institution or its affiliates.
- After-hours, OSUIT employees are prohibited from purchasing or providing alcohol to students, regardless of students' age, and from fraternizing with students when alcohol is present.
- It is understood that the use and/or distribution of illegal drugs is expressly prohibited, and may result in immediate termination from employment, and involvement of law enforcement.

I have read, understood, and will comply with the above-mentioned information relating to policies and guidelines of OSUIT.

Print Employee's Name

Date

Employee's Signature

Date



INSTITUTE OF TECHNOLOGY

STUDENT TRAVEL FORM

I, _____, a student at OSU Institute of Technology, hereby acknowledge and agree to the following conditions set forth by OSU Institute of Technology for student travel:

1. I will be voluntarily participating in travel and activities during the _____ academic year with _____ (name of student group/class).
2. I accept full responsibility for my actions and conduct while traveling, and realize that I am expected to positively represent OSU Institute of Technology by my conduct.
3. I will conduct myself in accordance with the applicable laws and the OSU Institute of Technology Student Rights and Responsibilities.
4. I agree I will not transport illegal drugs, weapons, or alcohol during this activity, nor will I use illegal drugs or alcohol throughout the duration of this activity.
5. I will comply with all rules established by the trip leader, and will treat the trip leader with respect.
6. Should I believe the trip leader is behaving in an inappropriate manner, I will report such behavior to the Director of Student Life immediately (not to exceed 48 hours) upon my return to campus.
7. I certify that I am in stable health and have no physical, mental, or emotional impairments, or concerns that might jeopardize my safety or the safety of others for the purpose of student travel.
8. I understand that there are certain risks inherent in participating in off-campus activities including (but not limited to) illness, accidents and injuries. I voluntarily accept this risk associated with participating in this activity.
9. I understand that if I am found in violation of any of the above conditions, I will be removed from the trip. I understand that I will be responsible for reimbursement of all costs incurred for such a removal.

10. Violation of this policy can also result in judicial action in accordance with the policies stated in the OSU Institute of Technology Students Rights and Responsibilities, including sanctions, suspension, or expulsion from OSU Institute of Technology.

11. In the event of an emergency, the trip leader has my permission to contact the following individual(s):

a. Name: _____

b. Relationship: _____

c. Phone: _____

12. For your safety and the safety of other students traveling, please indicate any physical disabilities or conditions that would affect your participation in off campus activities (For example: heart conditions, diabetes, seizures, recent operations, illnesses, and broken bones.)

13. Do you have any allergies that you would like the college to be aware of during student travel (for example: bee stings, food or medication/drug allergies)?

14. List any medications being taken that you would like the college to be aware of that would affect your student travel. _____

15. I certify that I am at least eighteen (18) years of age and am competent to sign this policy. If I am under age 18, a parent or legal guardian must also sign.

I have read and fully understand this policy and accept all conditions of student travel, and knowingly accept all risks associated with my participation in this activity. If the need arises to respond to accidents and potential emergency situations, I hereby give my consent for any medical treatment that may be required, with the understanding that the cost of any such treatment will be my responsibility.

Student Signature

Date

The student is under eighteen years of age, and I accept this policy on behalf of the student and myself. In the event of an emergency, every effort will be made to contact a parent or emergency contact. If no contact can be made, I give authorization to OSU Institute of Technology to seek treatment for the student.

Parent/Legal Guardian Signature

Date



INSTITUTE OF TECHNOLOGY

OVERNIGHT TRIP REQUEST

DEPARTMENT / CLUB NAME: _____

ACCOUNT NUMBER(S) TO CHARGE: _____

OFF CAMPUS TRIP REQUEST SUBMITTED YES NO

TRIP INFORMATION

DESTINATION _____

DATE OF DEPARTURE _____ DATE OF RETURN _____

PRIMARY MODE OF TRAVEL _____

(If using a university vehicle, an off campus trip request is required and must be submitted to Fiscal Services to reserve the vehicle)

TRIP EXPENSES

A SIGNED COPY OF THE CLUB MINUTES AUTHORIZING ALL EXPENDITURES MUST ACCOMPANY THIS REQUEST

SOURCE OF FUNDING _____

TYPE OF EXPENSES	PURPOSE	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL ESTIMATED COST _____

AMOUNT TO BE PAID BY FISCAL SERVICES PCARD _____

AMOUNT TO BE PAID WITH CLUB CARD _____

FIELD TRIP REQUEST

PAGE 2

PARTICIPANTS

STUDENT PARTICIPANTS

*Please attach signed **Student Travel Form** for each student participant*

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
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16	_____
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18	_____
19	_____
20	_____
21	_____
22	_____
23	_____
24	_____
25	_____
26	_____
27	_____
28	_____

SPONSOR PARTICIPANTS

*Please attach signed **Employee Acknowledge form** for each employee participant*

1	_____
2	_____
3	_____
4	_____

FIELD TRIP REQUEST

PAGE 3

APPROVALS

ORGANIZATION / CLASS SPONSOR

PLEASE PRINT

SIGNATURE

SCHOOL DEAN/DEAN OF STUDENTS

PLEASE PRINT

SIGNATURE

DIRECTOR OF STUDENT LIFE

PLEASE PRINT

SIGNATURE

TRAVEL PCARD HOLDER

(IF EXPENSE INCLUDES AIRLINE OR HOTEL)

PLEASE PRINT

SIGNATURE

DIRECTOR OF PURCHASING

(IF EXPENSES ARE TO BE PAID WITH PCARD)

PLEASE PRINT

SIGNATURE

DIRECTOR OF ACCOUNTING

PLEASE PRINT

SIGNATURE