

Office of Student Affairs Travel Form

Please note that there are four pages:

- Instructions
- General Travel Information
- 2 Individual Traveler Information

You need to read all four pages and fill in the General Travel Information, and the Individual Traveler Information.

After you have completely filled in all of the required information save the document with your organization name in the title and email the complete document along with map/directions to travel@nsuok.edu.

Please remember to send a copy of this document to your sponsor, and remember to take a copy with you when you travel. **In case of an emergency, please call NSU Campus Police at 918-444-2468.**

Office of Student Affairs Travel Form

ATTENTION! Complete, save document and email to:
Office of Student Affairs travel@nsuok.edu
Also print and take a copy with you on your trip!!!

Name of Organization: _____

Number of travelers: _____ Destination: _____

Distance from NSU: _____ Will Organization Sponsor be accompanying Organization? Yes No

Purpose of Trip: _____

Depart When: _____
Time Date

Starting Point: _____

Return When: _____
Time Date

Going To: _____

Primary Transportation: Private Vehicle- how many vehicles: _____
 Motor Pool Vehicle- how many vehicles: _____
 Plane-flight info: _____

When driving: Attach map of directions that all cars will following to travel@nsuok.edu email and make sure a copy is in each car.

Driver's Information (if applicable): Attach additional sheets if necessary

First Name Last Name

Driver's Liscence (State & Number)

First Name Last Name

Driver's Liscence (State & Number)

Sponsor's Information: _____
First Name Last Name

Office

Email Address

Campus Ext.

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If you need additional space, continue to the next page. Include sponsor information if they are accompanying you.

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Organization Name:

Leaving:

Traveler First Name	Last Name	Health Insurance	Insurance Co. Name & Policy #	Emergency Contact Information		
		<input type="checkbox"/> Yes		Name	Relationship	Phone #
		<input type="checkbox"/> No				
		<input type="checkbox"/> Yes		Name	Relationship	Phone #
		<input type="checkbox"/> No				
		<input type="checkbox"/> Yes		Name	Relationship	Phone #
		<input type="checkbox"/> No				
		<input type="checkbox"/> Yes		Name	Relationship	Phone #
		<input type="checkbox"/> No				
		<input type="checkbox"/> Yes		Name	Relationship	Phone #
		<input type="checkbox"/> No				
		<input type="checkbox"/> Yes		Name	Relationship	Phone #
		<input type="checkbox"/> No				
		<input type="checkbox"/> Yes		Name	Relationship	Phone #
		<input type="checkbox"/> No				
		<input type="checkbox"/> Yes		Name	Relationship	Phone #
		<input type="checkbox"/> No				
		<input type="checkbox"/> Yes		Name	Relationship	Phone #
		<input type="checkbox"/> No				
		<input type="checkbox"/> Yes		Name	Relationship	Phone #
		<input type="checkbox"/> No				
		<input type="checkbox"/> Yes		Name	Relationship	Phone #
		<input type="checkbox"/> No				
		<input type="checkbox"/> Yes		Name	Relationship	Phone #
		<input type="checkbox"/> No				
		<input type="checkbox"/> Yes		Name	Relationship	Phone #
		<input type="checkbox"/> No				
		<input type="checkbox"/> Yes		Name	Relationship	Phone #
		<input type="checkbox"/> No				

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		<input type="checkbox"/> Yes <input type="checkbox"/> No				
		<input type="checkbox"/> Yes <input type="checkbox"/> No		Name	Relationship	Phone #
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
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