



# MESA COMMUNITY COLLEGE

A MARICOPA COMMUNITY COLLEGE

## TRAVEL ITINERARY FORM

- *This form should be completed by the instructor/advisor planning a student trip.*
- *If utilizing a college vehicle, this form should be submitted to the Facility & Vehicle Scheduling Office @ S/D or to Fleet & Facilities @ RDM.*

DATE OF ACTIVITY \_\_\_\_\_

NAME OF ACTIVITY \_\_\_\_\_

SITE OF ACTIVITY \_\_\_\_\_

Name	Address	Phone
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DEPARTURE DATE/TIME \_\_\_\_\_ RETURN DATE/TIME \_\_\_\_\_

FACULTY/ADVISOR NAME & DEPARTMENT \_\_\_\_\_

FORM OF TRANSPORTATION \_\_\_\_\_

### STUDENTS TRAVELING (INCLUDE STUDENT NAME & ID NUMBER)

1.	13.
2.	14.
3.	15.
4.	16.
5.	17.
6.	18.
7.	19.
8.	20.
9.	21.
10.	22.
11.	23.
12.	24.