



Norwalk Community College
 Student Activities
 188 Richards Avenue, W111
 Norwalk, CT 06854

Tel: (203)857-7146
 Fax: (203)857-3346
 Email: SActivities@ncc.commnet.edu

Travel Request Form

Important: For day trips, travel form is due 2 weeks before departure. For overnight trips travel form is due 4 weeks before departure. All trips out of the country must be done through the official travel agency of NCC and approved by the finance office. Failure to provide the requested documents and information might result in cancelation of the trip.

- Attachments Required:**
- | | |
|---|--|
| <input type="checkbox"/> List of participants | <input type="checkbox"/> Travel waivers |
| <input type="checkbox"/> Quote/ Invoice | <input type="checkbox"/> Authorized Minutes |
| <input type="checkbox"/> Payment Request Form | <input type="checkbox"/> Promotional Materials |

Club sponsoring the event: _____ Name of the trip: _____
 Date of departure: ____/____/____ Date of return: ____/____/____
 Name of Chaperone(s) for the trip : _____ (chaperone must be faculty or staff)
 Cell phone number while traveling: _____

Primary Population(s) to be served: Club Members NCC students Entire College
 How will the NCC Student Body benefit from this trip?

Amount your club is contributing: From Allocated Account: \$ _____ From Revenue Account: \$ _____
 Is there any other club or program providing funding for the trip? Yes No

If yes: Club or program providing funding _____ amount provided: \$ _____
 (Please provide minutes and from club providing the funding and add account & org numbers in your purchase request)

Is there a charge for participants? Yes No
 Amount requested from each participant: \$ _____ Total amount collected: \$ _____
 Deadline for refunds: ____/____/____
 (a copy of the refund request must be sent to the Student Activities office before the deadline)
 Club's Revenue Account: Fund DH _____ ORG _____
Important: All payments must be directly deposited at the business office into the revenue account of the club.
 Payments receipts from all participants need to be attached to this form.

Applicants Name: _____ Club Title: _____
 Applicant's Phone: _____ Email: _____
 Applicant: _____ date: ____/____/____ Advisor: _____ date: ____/____/____
 Signature Signature

FOR OFFICE USE ONLY

Date Received: ____/____/____ Denied Approved
 Student Activities Director: _____ Travel ID number: _____