International Programs
Activity Request

Date Submitted: ____________________

Date(s) of Activity: ____________________

Activity Destination: ____________________

Name of QUALIFIED driver:
(driver must be on Campus Police list of qualified drivers for the size vehicle needed)

Participants:
1. ____________________ 2. ____________________
3. ____________________ 4. ____________________
5. ____________________ 6. ____________________
7. ____________________ 8. ____________________
9. ____________________

Groups with more than 10 participants (including driver), must fill out a second form and find a separate driver.

DEPOSIT/BALANCE INFORMATION:
Deposit equals 100% of estimated round trip. Per mile: Car or Minivan = $0.40, Van = $0.42. Due 2 weeks before trip.
Date Received: ________ Amount Received: $________
Balance Due: ________ Date Due: ________ Date Received: ________
Campus Vehicle #: ______________

__________________________

AT THE END OF YOUR ACTIVITY YOU MUST
RETURN THIS COMPLETED SLIP TO INTERNATIONAL PROGRAMS

Campus Vehicle Information: (circle one) Van or Car Vehicle #: ________
Starting Mileage: ________ Ending Mileage: ________
Date(s) of Activity: ____________________
Activity Destination: ____________________
Driver: ____________________

Participants:
1. ____________________ 2. ____________________
3. ____________________ 4. ____________________
5. ____________________ 6. ____________________
7. ____________________ 8. ____________________
9. ____________________