Travel Emergency Contact List

Must be completed no later than one week before the trip with Travel Expense & Approval Form.

Please type or print neatly.

Name of Trip: _____

Contact Person: _____

Destination (City/State): _____

Dates of Trip: _____

Name of Student Organization/Class: _____

Organization Account#: _____

Company/Organization Sponsoring the Conference: _____

Phone No. of Event Contact Person (in case of emergency): _____

Purpose of Trip: _____

_____

List of Participants:	***CSU I.D. Number:***	***Emergency Contact/Phone No.***
Coordinator_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ _____

Signature of Student Organization/Class Representative *Signature of CSU Advisor (optional)*

Date _____ *Date* _____