

Student Travel Policy

I. Purpose

The purpose of this policy is to provide for emergency situations and a means for notifying others if an emergency occurs during travel off campus. The policy includes:

- Class field trips
- Athletic travel
- ASMT trips
- Other student group and club travel
- Travel including campus visitors
- Both North and South Campus travel

II. Organizational Responsibilities

Departments and other organizations and clubs should be aware of when students will be traveling and be aware of the itinerary for the group. A campus employee who is familiar with the activity should be listed as a point of contact for the administrative contacts listed below.

For student clubs, if the club advisor is not traveling with the club, he/she should act as the contact in case of an emergency. For any travel that occurs outside of normal working hours, the following campus administrators will serve as the emergency campus contact. A card with the contact information for these individuals can be found in the glove compartment of each campus vehicle.

- Don Blackketter
- Doug Abbott
- Carrie Vath
- Brant Wright

Both the *Student Travel Itinerary* and *Emergency Contact Form* must be completed and filed with the Accounts Payable Office before travel commences. The Student Travel Itinerary form should be submitted as far in advance as possible. The Emergency Contact form will serve as a roll call immediately prior to departure. Classes may use a printed class list provided the emergency contact information is included and roll is taken. All other groups will use the attached Emergency Contact List form or a comparable list with the required information and will take roll prior to departure. A "drop box" for the completed Emergency Contact form is located on the north side of the Student Union Building for the convenience of travelers.

Note: The Student Travel Itinerary Form does not replace the travel authorization form required by statute.

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Student Travel Itinerary

Name of campus contact person (not traveling): Phone number: _____	
Name of event (if applicable)	
Organization sponsoring trip	Destination
Advisor (if applicable)	Phone number at destination:
Faculty/staff traveling with group:	Cell phone number:
Purpose of travel:	
Proposed itinerary:	
Expected date and time of departure from Butte:	Expected date and time of return to Butte:
If traveling for more than one day, provide expected route of travel and hotel accommodations if different than location of event.	
Mode of transportation: Montana Tech vehicle: Car Activity bus SUV Minivan Personal vehicle Air- Name of airline _____ Charter bus- Name of company _____ Other- please identify _____	
If traveling by activity bus, SUV, or minivan, list all certified drivers:	
Number of students/faculty/staff traveling:	

Form completed by: _____ Date: _____

Title: _____

Copy the attached Emergency Contact List with all appropriate information and turn in on the day of travel.

