

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 _____