

**RETURN TO
PUBLIC SAFETY
BY:**

DPS RECEIVED:

**Truman State University
Department of Public Safety**

TRAVEL ITINERARY

Required with use of Mini-Bus and/or
Full-Size Van with a University Driver

Must be received 10 Business days prior to departure

Group/Division/Sport _____

Trip Coordinator/Coach: _____ Phone: _____

Destination: _____ Location: _____

City, State _____

SPECIFIC DESTINATION ADDRESS AND/OR DIRECTIONS

Depart Date _____ Depart Time _____ Depart Location _____ **BUS PARKING LOT**
REQUIRED **REQUIRED**

EVENT START TIME: _____

Number of people traveling: _____

Return Day/Date _____ Return Time (estimate) _____

REQUIRED INFORMATION FOR ALL OVERNIGHT TRIPS

*******Must provide a private room for each driver on overnight trips*******

LODGING: Hotel Name: _____

Hotel Address: _____

Hotel Phone: _____

Additional Stops in Route:

Additional day schedule:
