

**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: _____ Local site location _____
City, State SPECIFIC DESTINATION ADDRESS AND/OR DIRECTIONS

Departure Date _____ Departure Time _____ Departure location _____

Maximum Drive Time allowed per day: 10 hours

Return Day/Date _____ Return Time (estimate) _____

LODGING: Hotel Name _____

Hotel Address _____

Hotel Telephone _____

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

Number of people traveling: _____ **Required Information**

<u>STOPS IN ROUTE TO DESTINATION:</u>	Additional Day---Schedule
Time:	Depart:
Location:	Travel Location:
	Meals:
Time:	Event Schedule:
Location:	