


# TRAVEL LOG

 If completing digitally, use Adobe, Chrome, or Edge for the best results.

**Important:** An event submission with approval in [WarriorLink](#) is required for Travel Log and Forms to be accepted.

## General Information

Organization Name: \_\_\_\_\_  
 Location of Travel: \_\_\_\_\_  
 Purpose of Travel: \_\_\_\_\_

Departure Information
Date: _____
Time: _____

Return Information
Date: _____
Time: _____

## Transportation Method:

Personal Vehicle    Rental Vehicle    Flight\*\*    Other (Provide Info):

*\*\*For flights, please attach all unique itineraries for each person's travel.*

## Overnight Lodging Information

Lodging Name: \_\_\_\_\_ Reservation Number(s): \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Trip Leader Information (Traveler #1)

Name: \_\_\_\_\_ ESU ID: \_\_\_\_\_ Email: \_\_\_\_\_

Position in Organization: \_\_\_\_\_ Cell: \_\_\_\_\_ Driver?  YES  NO

### Trip Leader's Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### If an emergency occurs:

**Call 911 to receive emergency services immediately.**

**Call Campus Police at (570) 422-3064 to report the incident.**

Campus Police will notify the Executive Director of SAA or the Vice President of Campus Life and Inclusive Excellence.  
 Exec. Director of SAA and/or VP of CLIE will contact the trip leader with further instructions.

**Use QR Code to File an Early Departure of Trip Form:**



# Travel Log: List of Travelers



							Depart	Return
2	Name: _____	ESU ID: _____	Cell: _____	Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>
	<i>Emergency Contact</i> Name: _____	Relationship: _____	Phone: _____					
	Street: _____	City: _____	State: _____	Zip: _____				
3	Name: _____	ESU ID: _____	Cell: _____	Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>
	<i>Emergency Contact</i> Name: _____	Relationship: _____	Phone: _____					
	Street: _____	City: _____	State: _____	Zip: _____				
4	Name: _____	ESU ID: _____	Cell: _____	Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>
	<i>Emergency Contact</i> Name: _____	Relationship: _____	Phone: _____					
	Street: _____	City: _____	State: _____	Zip: _____				
5	Name: _____	ESU ID: _____	Cell: _____	Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>
	<i>Emergency Contact</i> Name: _____	Relationship: _____	Phone: _____					
	Street: _____	City: _____	State: _____	Zip: _____				
6	Name: _____	ESU ID: _____	Cell: _____	Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>
	<i>Emergency Contact</i> Name: _____	Relationship: _____	Phone: _____					
	Street: _____	City: _____	State: _____	Zip: _____				
7	Name: _____	ESU ID: _____	Cell: _____	Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>
	<i>Emergency Contact</i> Name: _____	Relationship: _____	Phone: _____					
	Street: _____	City: _____	State: _____	Zip: _____				
8	Name: _____	ESU ID: _____	Cell: _____	Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>
	<i>Emergency Contact</i> Name: _____	Relationship: _____	Phone: _____					
	Street: _____	City: _____	State: _____	Zip: _____				

# Travel Log: List of Travelers



**Depart**  
**Return**

9	Name: _____	ESU ID: _____	Cell: _____	Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Emergency Contact</i> Name: _____	Relationship: _____	Phone: _____			
	Street: _____	City: _____	State: _____	Zip: _____		
10	Name: _____	ESU ID: _____	Cell: _____	Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Emergency Contact</i> Name: _____	Relationship: _____	Phone: _____			
	Street: _____	City: _____	State: _____	Zip: _____		
11	Name: _____	ESU ID: _____	Cell: _____	Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Emergency Contact</i> Name: _____	Relationship: _____	Phone: _____			
	Street: _____	City: _____	State: _____	Zip: _____		
12	Name: _____	ESU ID: _____	Cell: _____	Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Emergency Contact</i> Name: _____	Relationship: _____	Phone: _____			
	Street: _____	City: _____	State: _____	Zip: _____		
13	Name: _____	ESU ID: _____	Cell: _____	Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Emergency Contact</i> Name: _____	Relationship: _____	Phone: _____			
	Street: _____	City: _____	State: _____	Zip: _____		
14	Name: _____	ESU ID: _____	Cell: _____	Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Emergency Contact</i> Name: _____	Relationship: _____	Phone: _____			
	Street: _____	City: _____	State: _____	Zip: _____		
15	Name: _____	ESU ID: _____	Cell: _____	Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Emergency Contact</i> Name: _____	Relationship: _____	Phone: _____			
	Street: _____	City: _____	State: _____	Zip: _____		

# Travel Log: List of Travelers



							Depart	Return
16	Name: _____	ESU ID: _____	Cell: _____	Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>
	<i>Emergency Contact</i> Name: _____	Relationship: _____	Phone: _____					
	Street: _____	City: _____	State: _____	Zip: _____				
17	Name: _____	ESU ID: _____	Cell: _____	Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>
	<i>Emergency Contact</i> Name: _____	Relationship: _____	Phone: _____					
	Street: _____	City: _____	State: _____	Zip: _____				
18	Name: _____	ESU ID: _____	Cell: _____	Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>
	<i>Emergency Contact</i> Name: _____	Relationship: _____	Phone: _____					
	Street: _____	City: _____	State: _____	Zip: _____				
19	Name: _____	ESU ID: _____	Cell: _____	Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>
	<i>Emergency Contact</i> Name: _____	Relationship: _____	Phone: _____					
	Street: _____	City: _____	State: _____	Zip: _____				
20	Name: _____	ESU ID: _____	Cell: _____	Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>
	<i>Emergency Contact</i> Name: _____	Relationship: _____	Phone: _____					
	Street: _____	City: _____	State: _____	Zip: _____				
21	Name: _____	ESU ID: _____	Cell: _____	Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>
	<i>Emergency Contact</i> Name: _____	Relationship: _____	Phone: _____					
	Street: _____	City: _____	State: _____	Zip: _____				
22	Name: _____	ESU ID: _____	Cell: _____	Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>
	<i>Emergency Contact</i> Name: _____	Relationship: _____	Phone: _____					
	Street: _____	City: _____	State: _____	Zip: _____				

# Travel Log: List of Travelers



							Depart	Return
23	Name: _____	ESU ID: _____	Cell: _____	Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>
	<i>Emergency Contact</i> Name: _____	Relationship: _____	Phone: _____					
	Street: _____	City: _____	State: _____	Zip: _____				
24	Name: _____	ESU ID: _____	Cell: _____	Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>
	<i>Emergency Contact</i> Name: _____	Relationship: _____	Phone: _____					
	Street: _____	City: _____	State: _____	Zip: _____				
25	Name: _____	ESU ID: _____	Cell: _____	Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>
	<i>Emergency Contact</i> Name: _____	Relationship: _____	Phone: _____					
	Street: _____	City: _____	State: _____	Zip: _____				
26	Name: _____	ESU ID: _____	Cell: _____	Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>
	<i>Emergency Contact</i> Name: _____	Relationship: _____	Phone: _____					
	Street: _____	City: _____	State: _____	Zip: _____				
27	Name: _____	ESU ID: _____	Cell: _____	Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>
	<i>Emergency Contact</i> Name: _____	Relationship: _____	Phone: _____					
	Street: _____	City: _____	State: _____	Zip: _____				
28	Name: _____	ESU ID: _____	Cell: _____	Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>
	<i>Emergency Contact</i> Name: _____	Relationship: _____	Phone: _____					
	Street: _____	City: _____	State: _____	Zip: _____				
29	Name: _____	ESU ID: _____	Cell: _____	Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>
	<i>Emergency Contact</i> Name: _____	Relationship: _____	Phone: _____					
	Street: _____	City: _____	State: _____	Zip: _____				