



File Name: YYYYMMDD-CC-Group-Country-Employee Last Name, First Initial

LONE STAR COLLEGE TRIP PLAN AND TRIP ROSTER

Campus:

Program:

Destination:

Purpose of Trip:

Departure Date:

Point of Departure:

Name of Sponsor/Club/Class:

Mode of Transportation:

Return Date:

Point of Return:

Date	Day	Proposed Travel Route and Itinerary <i>(Include Flight Numbers, if applicable, and attach any detailed itineraries)</i>

Vehicle Description:

Make	Model	Color	Owner	Driver's License Number <i>(Attach Photocopy of License)</i>

LSC Employee Participants (Faculty & Staff):

	FACULTY & STAFF				EMERGENCY CONTACT		
	NAME	E-MAIL	PHONE #		NAME	RELATIONSHIP	PHONE #
1							
2							
3							
4							
5							
6							

In case of an emergency, retain a copy of this Trip Plan and Trip Roster while traveling.



File Name: YYYYMMDD-CC-Group-Country-Employee Last Name, First Initial

Trip Participants:

	STUDENTS				EMERGENCY CONTACTS		
	NAME	E-MAIL	PHONE #		NAME	RELATIONSHIP	PHONE #
1							
2							
3							
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