

Andrews  University
NON-ACADEMIC TRIP REQUEST

A. Data

1. Sponsor : _____
Name of Sponsoring Department / Organization

Trip Director / Sponsor(s)

Office Phone _____ E-Mail _____

2. Name of Group: _____

3. Dates of Trip: _____ 4. Class Days Affected _____

5. Destination(s): _____

6. SDA Churches and Institutions to be visited, if any: _____

7. Number of Trip Participants: _____

8. Travel Agent (if applicable): _____

B. Description of Purpose and Activities Related to the Trip:

C. Budget Support:

_____ (Indicate source of funding and, as applicable, account to which support will be charged)

D. Approvals:

Sponsor _____ Date _____

Department Chair / Supervisor _____ Date _____

Dean or Vice President (as applicable) _____ Date _____

Director, Loss Control _____ Date _____

Controller _____ Date _____