

**Prairie View A&M University**  
**Student Travel Itinerary**

**Requested by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Purpose of Trip:** \_\_\_\_\_

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**Number of Travelers (faculty, staff and students):** \_\_\_\_\_ (Please attach Travel Passenger List)

**Destination:** \_\_\_\_\_

<b>Address:</b> _____ _____	<b>Telephone #:</b> _____ _____	<b>Contact Person at Destination:</b> _____ _____
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**Schedule of Activities:**

Nature of Activities	Departure		Return	
	Date	Time	Date	Time
_____				
_____				
_____				

**Lodging (If overnight stay):**

<b>Hotel Name:</b> _____ _____	<b>Address:</b> _____ _____	<b>Telephone#:</b> _____ _____
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**Transportation:**

☐ Commercial Airline<sup>1</sup>   ☐ Chartered Bus   ☐ Rental Vehicle<sup>2</sup>   ☐ University Vehicle<sup>2</sup>   ☐ Personal Vehicle<sup>2</sup>

<sup>1</sup> Provide the following information:

Airline and Flight No: \_\_\_\_\_

Departure Date & Time: \_\_\_\_\_

Return Date & Time: \_\_\_\_\_

<sup>2</sup> Provide the following information:

Vehicle Make, Model & Year: \_\_\_\_\_

Primary Driver's Name & License No: \_\_\_\_\_

Driver's Status:   ☐ Faculty   ☐ Staff   ☐ Student

Secondary Driver's Name & License No: \_\_\_\_\_

Driver's Status:   ☐ Faculty   ☐ Staff   ☐ Student

**Received by University Police Department:** \_\_\_\_\_  
Signature Date