



**OSU INSTITUTE OF TECHNOLOGY TRIP INSURANCE REPORTING FORM**

(ALL BLANKS MUST BE COMPLETED)

Number of individuals making trip \_\_\_\_\_

Number of calendar days \_\_\_\_\_

Number of individuals times number of calendar days \_\_\_\_\_ X \_\_\_\_\_

TOTAL AMOUNT DUE \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
Reporting Date	_____
Reporting Hour	_____

\* NOTE: The cost is calculated at the rate of \$0.35 per person per calendar day.

**RETURN TO THE STUDENT LIFE OFFICE A MINIMUM OF 24 HOURS PRIOR TO LEAVING CAMPUS. DO NOT MAIL IN CAMPUS MAIL.** DEPARTMENTS AND OFFICES MUST PAY THE TRIP INSURANCE FEE AT THE OSU INSTITUTE OF TECHNOLOGY BURSAR'S OFFICE PRIOR TO SUBMITTING THE TRIP INSURANCE REPORTING FORM TO THE STUDENT LIFE OFFICE. STUDENT CLUB AND ORGANIZATION ACCOUNTS ARE AUTOMATICALLY CHARGED THROUGH CAMPUS VENDOR INVOICE FOR THE COST OF THE TRIP INSURANCE AND ARE NOT REQUIRED TO ATTACH A PAYMENT RECEIPT FROM THE OSUIT BURSAR'S OFFICE.

Departure Date:	Time:	Return Date:	Time:	Name of Group or Class:	Purpose of Trip:	Destination:

NAMES OF PERSONS MAKING TRIP (Use back for additional names, please number) ONLY OSUIT students, faculty, and staff may be covered.

- |          |          |
|----------|----------|
| 1 _____  | 16 _____ |
| 2 _____  | 17 _____ |
| 3 _____  | 18 _____ |
| 4 _____  | 19 _____ |
| 5 _____  | 20 _____ |
| 6 _____  | 21 _____ |
| 7 _____  | 22 _____ |
| 8 _____  | 23 _____ |
| 9 _____  | 24 _____ |
| 10 _____ | 25 _____ |
| 11 _____ | 26 _____ |
| 12 _____ | 27 _____ |
| 13 _____ | 28 _____ |
| 14 _____ | 29 _____ |
| 15 _____ | 30 _____ |

REPORTED BY: \_\_\_\_\_

PHONE: \_\_\_\_\_