

# Travel **Emergency Contact List**

Must be completed no later than one week before the trip with Travel *Expense &* Approval Form.

Please type or print neatly.

Name of Trip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Destination (City/State): \_\_\_\_\_  
Dates of Trip: \_\_\_\_\_  
Name of Student Organization/Class: \_\_\_\_\_  
Organization Account#: \_\_\_\_\_  
Company/Organization Sponsoring the Conference: \_\_\_\_\_  
Phone No. of Event Contact Person (in case of emergency): \_\_\_\_\_  
Purpose of Trip: \_\_\_\_\_  
\_\_\_\_\_

List of Participants:	CSU I.D. Number:	Emergency Contact/Phone No.
Coordinator _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Student Organization/Class Representative \_\_\_\_\_ Signature of CSU Advisor (*optional*) \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_