

STUDENT TRIP INSURANCE

DATE:

TO:

David Mettler/Finance & Admin

FROM: (Department to be billed)

Faculty Sponsor:

Date(s) of Trip:

Destination:

Description of Trip:

Number of Students on Trip:

Number of Days on Trip:

Total Number of Days: (# of students x # of days)

_____ 0

Account # to Charge:

Participating Students

1

11

Please use back of sheet if more
space is needed

2

12

3

13

4

14

5

15

6

16

7

17

8

18

9

19

10

20

Business Office Use Only

Cost _____ \$0.00
(.25 x total # of days)