

# 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)

\_\_\_\_\_

Account # to Charge:

\_\_\_\_\_

Participating Students

1

11

Please use back of sheet if more

2

12

space is needed

3

13

4

14

5

15

6

16

7

17

8

18

9

19

10

20

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Business Office Use Only

Cost

\_\_\_\_\_

(.50 x total # of days)