CENTRAL PIEDMONT COMMUNITY COLLEGE

Field Trip Request

Date of Request:_____ Course Number:_____ Section #:_____

Date of Trip:_____ Course Title:_____

Time of Trip:_____ Instructor:_____

Destination:_____

Purpose:_____

Mode of Travel (Check all that apply):	College Vehicle	Private Vehicle	Other
Estimated Cost:	$_____	Field Trip Account # (Required if revenue/expenses involved.)	_____

REQUIRED: Attach a Student Roster of individuals who may participate in this field trip.

NOTE: A CPCC MVR Inquiry Form must be processed through Enterprise Risk Management before operating a College-Owned vehicle. The College provides automobile liability insurance on all College-owned vehicles **ONLY**. Privately owned and operated vehicles must be insured at the owner's expense.

APPROVALS:

_____

Division Director/Supervisor Date

_____

Dean Date

_____

Vice President for Instruction (required for out-of-country trips only) Date

Copy to: ERM@cpcc.edu, Enterprise Risk Management