CENTRAL PIEDMONT
COMMUNITY COLLEGE

Field Trip Request

Requestor Name: _____ Request Date: _____

Course Title: _____ Number: _____ Section #: _____

Date of Trip: _____ Trip Time: _____ Instructor: _____

Destination:

Purpose:

Estimated Cost: _____

Field Trip Account No (Required if revenue/expenses involved): _____

Mode of Travel (check all that apply):

☐ College Vehicle ☐ Private Vehicle ☐ Rental Vehicle ☐ Other (please specify): _____

Will any of the above modes of transportation be used to transport students? ☐ Yes ☐ No

A Motor Vehicle Record Disclosure and Authorization (MVR) form must be completed and approved through Enterprise Risk Management before operating a College-Owned vehicle, college rented vehicle, or driving a personal vehicle used to transport students on behalf of the college. The College provides automobile liability insurance on all College-owned vehicles. Privately owned and operated vehicles must be insured at the owner's expense.

A Student Roster of all individuals who may participate in the field trip must be submitted with this request. Send the completed Field Trip Request form and Student Roster to Enterprise Risk Management.

APPROVALS:

Printed Name: Requestor	Signature: Requestor	Date
Printed Name: Division Director/Supervisor	Signature: Division Director/Supervisor	Date
Printed Name: Dean	Signature: Dean	Date
Printed Name: VP for Instruction (only required for out-of-country trips)	Signature: VP for Instruction	Date