CLEAR FORM

NORCO COLLEGE STUDENT TRAVEL – FIELD TRIP REQUEST

Requests must be submitted at least 5 business days prior to the Board of Trustees deadline (2nd Tuesday of the month) for out-of-state travel request. In-state requests submit four weeks prior to trip.

☐ IN-STATE ☐ STATE GRANT

☐ OUT-OF-STATE ☐ FEDERAL GRANT

☐ ASNC SPONSORING
Signtaure required from OSL/ASNC

Attach a tentative agenda and/or flyer to this request.

_____
Office of Student Life/ASNC - Signature

PROGRAM/DEPARTMENT: _____ DATES OF TRAVEL: _____

EVENT NAME: _____ LOCATION: _____

Chaperones (Fac/Mgmt)	Chaperones (Classified)	Students
#	#	#
	Include Non-Classified/Short-Term Employees	

TRIP DESCRIPTION/PURPOSE

_____

_____

_____

	Budget Codes	$ or %:
Funding Source 1		
Funding Source 2		
Funding Source 3		
Funding Source 4		

FIELD TRIP DETAILS/COST TOTAL COST : $ 0

	Cost Per Person	Quantity	Totals
REGISTRATION: early bird deadline:			0
INCIDENTALS:			
TRANSPORTATION COST:			
OTHER ACTIVITIES COST:			0
MEALS ($15B, $20L, $40D/PP):			0
PARKING:			0
LODGING:			0

EMPLOYEES ATTENDING
List employees attending trip and anticipated hours to be worked outside of their normal work day, for classified/hourly. If event is during shift, mark N/A.

EMPLOYEE: ☐ Overtime ☐ Comp Time ☐ N/A

Anticipated Hours

EMPLOYEE: ☐ Overtime ☐ Comp Time ☐ N/A

Anticipated Hours

EMPLOYEE: ☐ Overtime ☐ Comp Time ☐ N/A

Anticipated Hours

EMPLOYEE: ☐ Overtime ☐ Comp Time ☐ N/A

Anticipated Hours

Equity Programs Faculty: route for approval to DoCEIE, DoSS, VPPD & VPSS
Instructional Faculty: route to DOI &/or DSL

Approved ☐ Denied ☐ Dean, _____ (title) _____ (signature) Date: _____

Approved ☐ Denied ☐ Dean, _____ (title) _____ (signature) Date: _____

Approved ☐ Denied ☐ VP, _____ (title) _____ (signature) Date: _____

Approved ☐ Denied ☐ VP, _____ (title) _____ (signature) Date: _____

Clear Form

For more information see Field Trip Guidelines and Board Policy 4300

RIVERSIDE COMMUNITY COLLEGE DISTRICT

FIELD TRIP REQUEST

Date of request: _____ Approximate number of students: _____

Date(s) of field trip: _____

Name of course/club: _____

Time of departure: _____ Estimated time of return: _____

Destination: _____

Transportation:

- ❑ District Sponsored Rental Vehicle
- ❑ Private Vehicle
- ❑ Other _____

Approved Driver(s):

Name _____ ❑ Student ❑Employee

Name _____ ❑ Student ❑Employee

Name _____ ❑ Student ❑Employee

Name _____ ❑ Student ❑Employee

For Private Vehicles: "Use Consent Form" and all required documents is required for every field trip
District Driver approval form, only required once

Approved ☐ Rejected ☐ _____ _____ _____

Print Name Signature Date

Instructor/Advisor Attending the Trip

Approved ☐ Rejected ☐ _____ _____

Director/Dean/Vice President/President Date

All students must pay their Student Services fees in order to participate

****Include a copy of T.R. when submitting this paperwork.****

Rev. 02/19