TRAVEL AUTHORIZATION REQUEST FORM

NOTE: *Fully completed form must be submitted no later than a minimum of 20 business days before your departure date. Attach a copy of ALL related documents to this form (conference bulletin, announcement, registration, itinerary, etc.). Each Staff member must complete an individual Travel Form. The College does NOT cover the cost of meals for day trips.*

TRAVELER INFORMATION

First Name:	Middle Name:	Last Name:

NOTE: Travelers' name MUST match Passport/Passport ID, and/or Driver's License/State ID.

Department:			
Office Extension:	Cellphone:	Email:	Employee ID#:
Total Number of Student Travelers:			***(MUST complete Form B & Form C)***

TRIP INFORMATION

Please check the applicable option for your trip: ☐ Day Trip ☐ Overnight Trip

Travel Date(s)| From:	To:	Departure Time:	Return Time:

Travel Needs: ☐ Registration ☐ Lodging ☐ Airline Tickets ☐ Train Tickets ☐ Bus Tickets ☐ Personal Car ☐ Charter Bus

FOR PERSONAL CAR USE ONLY:

☐ By checking this box, I acknowledge and understand that it is my responsibility as an employee of Essex County College/Authorized individual to travel on behalf of Essex County College to ensure and maintain a valid driver's license, renewed auto insurance, and valid registration, in accordance with New Jersey law on operating automobiles. This responsibility is in effect when employees and authorized individuals use their vehicle for legitimate College business, with or without seeking travel, mileage, and other reimbursement from the College as per REG 3-3 Travel Request and Expense Reimbursement Form (ECC 302).

FOR AIRLINE TRAVEL ONLY:

Gender: ☐ Male ☐ Female	Date of Birth:	Frequent Flyer/TSA Traveler # *(If Applicable)*:
Passport # *(Required for international travel)*:		***(MUST complete Form A)***
Special Accomodations *(If needed)*:		

CONFERENCE/MEETING INFORMATION:

Name of Conference/Meeting:			
Address:	City:	State:	Zip:
Description/Justification:			

CONFERENCE REGISTRATION:

Does the conference accept a check for payment? ☐ Yes *(If yes, fill out the information below)* ☐ No

Fiscal Year:	Check Amount:
Vendor ID Number in Banner *(If any)*:	***(A W-9 maybe required if not on file)***
Pay to the Order of *(Vendor name)*:	

Address:	City:

State:	Zip Code:	Country:

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LODGING INFORMATION *(If Applicable)*:		
Is lodging Information in the same place as the conference? ☐ Yes ☐ No		Number of rooms needed:
Hotel Name:		Discount Code *(If Applicable)*:
Address:		City:
State:	Zip Code:	Country:

ESTIMATED TRAVEL COST:	
Train/Bus/Airline/Charter Bus	$
Hotel	$
Registration Fees	$
Mileage *(As allowed by IRS guidelines)*	$
Meals *(Overnight travel only as per GSA Guidelines Per Diem Rates | GSA)*	$
Others *(Baggage fees, tolls, shuttle/taxi, parking, etc.)*	$
TOTAL ESTIMATED COST	$ 0.00

NOTE: All individuals traveling on behalf of ECC must provide estimated costs. All bookings are made via the Purchasing Department through Essex County College's travel agency, except for registration fees.

FINANCIAL ACCOUNT INFORMATION:			
Fund #:	Organization #:	Registration Account #: **7184**	Travel Account #: **7310**

SIGNATURES:			
	Name	**Signature**	**Date**
Traveler			
Department Head			
Area Head			
Finance			
President *(Overnight Only)*			

DO NOT WRITE BELOW THIS LINE

FOR ACCOUNTS PAYABLE USE ONLY

Check No.:	Banner Invoice No.:	
Processed by:	Date:	Fiscal Year:
Form A for International Travel Submitted to Insurance company on Date:		

TRAVEL AUTHORIZATION REQUEST FORM

INTERNATIONAL TRAVEL ONLY - FORM A

For International Travel Only

The college must notify the college's insurance carrier when any staff and/or students are traveling internationally, on behalf of ECC.

Please provide the following information:

Trip Date(s) | From:	To:
Location | From:	To:
Number of Students:	
Number of ECC Staff:	
Number of authorized individuals traveling on behalf of ECC:	

NOTE: The notice of International Travel shall be sent by accounts payable to ECC's insurance carrier and the Office of the General Counsel via Email.

STUDENT TRAVEL LIST - FORM B

Note: Travelers' Name MUST match Passport/Passport ID, and/or Driver's License/State ID

SR #	First Name	Middle	Last Name	ECC ID#	Gender (Required by the Airlines)	DOB	Additional Information (Passport, TSA Frequent Flyer, etc.)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Please check one

Self Sponsored _____

College/Club Sponsored _____

TRAVEL AUTHORIZATION REQUEST FORM

STUDENT ASSUMPTION OF RISK AND RELEASE FORM – FORM C

Student Activities, Use of Facilities and Field Trip Waiver Form

In consideration of participating in Essex County College activities, using College facilities including the fitness center or attending a field trip to _____ on or about _____ hosted by Department/Division of _____ at Essex County College, I hereby agree as follows:

ASSUMPTION OF RISK AND RELEASE: I hereby voluntarily assume all risks (including, but not limiting to, my exposure and potential contracting of COVID-19 or other infectious diseases) associated with participation in Essex County College student activities, use of college facilities including the fitness center and participation in offcampus field trips. In assuming these risks, I agree to indemnify and hold harmless Essex County College, its officers, directors, Trustees, agents, employees including but not limited to, the Essex County College staff from any and all liability from any judgement, settlement, loss, damage, or costs, including court costs and attorney fees for both the trial and appellate levels, claims, causes of action or demands of any kind and any nature whatsoever which may arise by or in conjunction with my participation in any student activities, use of College facilities including the fitness center, and my participation in field trips related to Essex County College except in the event of their gross negligence. The terms of this Agreement shall serve as a release and assumption of risk for my heirs, estate, executor, administrators, assignees and all members of my family.

I acknowledge and understand that participating in certain student activities, using College facilities including the fitness center or participating in field trips may involve **MANY RISKS OF INJURY/ILLNESS**. I understand the inherent potential dangers and risks of participating in these activities/use of facilities/trips. Because of these dangers, I recognize the importance of following all established Essex County College Board Policies, Regulations, protocols, and procedures.

MEDICAL EMERGENCY: In the event of an emergency and I am unable to act on my own behalf, I authorize the College to take whatever action they deem is warranted and appropriate regarding my health and safety.

In signing this agreement, I acknowledge and represent that I have read and understand it and that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same.

Please check one
Self Sponsored _____
College/Club Sponsored _____

Name_____ Student ID_____

Signature_____ Date: _____

Parent/Guardian Signature _____ Date: _____
(if student is less than 18 years of age)