FIELD TRIP AUTHORIZATION
AND/OR
TRANSPORTATION REQUEST

Mt. San Antonio College
1100 North Grand Avenue
Walnut, California 91789-1399
www.mtsac.edu

A. Field Trip Authorization

Requested by: _____ Today's Date: _____

Department: _____ Division: _____

Phone: _____ Cell Phone: _____ E-mail: _____

Course Title: _____ CRN: _____

Departure Date: _____ Time: _____ Return Date: _____ Time: _____

Destination: _____ Address: _____

City: _____ State: _____ Round trip miles: _____ *

***Trips over 150 miles (radius) or out of the country require additional approval.**

Purpose of trip: _____

☐ Off campus class meeting **OR** ☐ College Transportation Requested** ☐ Number of participants (please attach class roster)

First Aid Kits: *Instructors may sign out fanny-pack style first aid kits at Student Health when taking students on a field trip where they may not have immediate access to emergency supplies/services.*

B. Request and Agreement for Use of College Vehicle

****Requests for college vehicles are made through Facilities Planning and Management at least two weeks prior to the field trip.**

Type of Vehicle Requested: _____ Number of Vehicles: _____

Special Instructions: _____ Number of passengers (including driver): _____

For vans: Vans cannot be picked up any earlier than departure time indicated without prior approval from Transportation Office

For buses & charters – Desired pickup location: _____

Regular bus pick-up location is in front of Performing Arts Center

Drivers of College Vehicles: Please list the names of all potential drivers for this trip, including alternate drivers. Check box if a new driver.

_____ ☐ ; _____ ; ☐ _____ ☐

_____ ☐ ; _____ ; ☐ _____ ☐

All new potential drivers must file a CONSENT TO VERIFY DRIVING RECORD form with the Transportation office and show proof of insurance. Requests must be received in the Transportation Office at least **two weeks** prior to the date the vehicle is needed.

Employee's signature below acknowledges the understanding of the Administrative Procedures regarding College vehicles. Failure to comply with the College transportation policies may result in refusal of future College vehicle use.

C. Signatures (applicable to Section A and/or Section B above).

Employee/Instructor	Date	Vice President (over 150 miles from Mt. SAC)	Date
Division Dean/Department Director	Date	Board of Trustees (out-of-country – per AP 4350)	Date

Routing:
☐ Originator ☐ Division Office (until trip has occurred) ☐ Transportation Office (only if college transportation is requested) ☐ Public Safety

Transportation Office use only:

Date received in Transportation Office: _____ Vehicle Assigned: _____