

**MOTORCOACH  
OFF-CAMPUS TRIP ITINERARY**

*(To be completed by the Unit Head and submitted to the Director of Purchasing)*

Department Sponsoring Trip \_\_\_\_\_

Number of Students \_\_\_\_\_

Number of Adults \_\_\_\_\_

Destination \_\_\_\_\_

Departure

Date \_\_\_\_\_

On-Campus Departure Location \_\_\_\_\_

Time of Departure \_\_\_\_\_

Return Transportation

Date \_\_\_\_\_

Location \_\_\_\_\_

City/State \_\_\_\_\_

Time of Departure \_\_\_\_\_

Additional Information/Requirements

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Unit Head

*(To be completed by Contractor)*

Estimated Number of Miles (Roundtrip) \_\_\_\_\_

Estimated Cost

Cost per Motor Coach \$ \_\_\_\_\_

Cost for Driver/Drivers \$ \_\_\_\_\_

**The Director of Purchasing shall return this form to the Unit Head once the s/he has approved the estimated cost provided by the Contractor.**