

Dakota College at Bottineau CAMPUS

Student Travel Report

THIS FORM MUST BE IN THE BUSINESS OFFICE BEFORE DEPARTURE

Time and date of departure :

Approximate time and date of return :

Number of days involved	Destination
Phone number (if applicable)	Number of people going on trip

List names of persons on trip : (Attach an itinerary if applicable)

Instructor:

Date:

Students listed are covered by \$10,000 accidental death/dismemberment and \$1,000 accidental medical payments.