

The Rock Church Travel Planning Form

Date Submitted: _____
Department: _____
Name: _____
Phone: _____
Email: _____

In addition, please submit an Event Planning Form to your Ministry Leader. Both forms need to be turned in **at least** three weeks before departure date.

Basic Information

Departure date: _____ Time: _____ a.m./p.m. Return date: _____ Time: _____ a.m./p.m.
 Destination: _____ Purpose of Travel: _____
 Who is in charge of the trip: _____ Phone: _____
 If travel is by privately owned vehicle, give driver's name: _____ Phone: _____

When traveling by privately owned vehicles, the owner's insurance coverage is the **primary** coverage and each **driver and owner** should carry at least \$100,000 liability coverage. When traveling in a non-church-owned **rental** vehicle, the driver's coverage is the **primary** coverage if the rental agency does not provide liability coverage. Therefore, the department is encouraged to use a rental agency that does provide primary liability coverage. If the agency does not provide this coverage, each driver and owner is responsible to ensure that they have at least \$100,000 in liability coverage. The church **does not** provide coverage for liability or physical damage for private or rental vehicles used by departments.

Mode of Transportation and Estimated Expenses from Department Funds

a. Church Vehicle: <input type="checkbox"/> yes <input type="checkbox"/> no	Estimated cost (Requisition forms must be attached): _____
b. Rental Vehicle: <input type="checkbox"/> yes <input type="checkbox"/> no	Estimated cost: _____
c. Private Vehicle: <input type="checkbox"/> yes <input type="checkbox"/> no _____ miles @ \varnothing (not to exceed .40) per mile w/ _____ car(s)	Estimated cost: _____
d. Plane fare: yes no \$_____ per traveler with _____ traveler(s)	Estimated cost: _____
e. Registration fees: \$ _____ per person with _____ person(s)	Estimated cost: _____
f. Lodging costs: Rate: _____ x number of rooms _____ x number of days _____	Estimated cost: _____
g. Food costs: Rate: _____ x number of travelers _____ x number of days _____	Estimated cost: _____
h. Miscellaneous costs: (i.e., parking, tolls, itemized food receipts, etc.) _____	Estimated cost: _____

Total Estimated Expenses: \$ _____

Estimated Income Related to this Travel

a. Estimated income from travelers: \$ _____ per person with _____ person(s)	Estimated income: _____
b. Other income sources (list): _____	Estimated income: _____
Total Estimated Income: \$ _____	

Who is responsible for the finances: _____ Phone: _____

ALL FUNDS MUST BE RAISED AND TURNED IN TO THE FINANCE OFFICE PRIOR TO THE EVENT.

Credit cards shall not be used to purchase items for reimbursement without prior approval from Bishop Wilson or Pastor Young.

ESTIMATED COST TO DEPARTMENT (the difference between expenses and income) \$ _____

Urgent Situation Information

Name of staff member(s) accompanying travelers: _____	Phone: _____
Address where students may be reached: _____	Phone: _____
Any other emergency contact information: _____	Phone: _____

Signature	Date	Signature	Date	Signature	Date
Director(s) of Event		Ministry Leader		Director of Church Ministries	