University of Management & Technology
Sialkot Campus
Trip Request Form

EMC
Event Managment
Committee

UMT
Estd. 1990

Trip Title: Recreational Trip: ☐   Study Tour: ☐   Field Trip: ☐

Proposed By: _____   Department: _____
<div align="center">(Name, Designation and Department)</div>

Proposed Date/ Day: _____   Proposed Destination: _____

Duration: _____   Request submitted Date: _____

Estimated Budget: _____   Estimated Revenue: _____

Purpose of Trip: _____

Number of Participants

Total Participants: ☐   Faculty: ☐   Staff: ☐   Male Students: ☐   Female Students: ☐

Check List for Required Documents (must be attached)

1-Permission from Parents: ☐   2- Destination Booking Details: ☐

3- Driver & Vehicle Details: ☐   4- Cash Details ☐

5- Complete List of (Name, ID, Cell Number etc.): ☐   6- Complete Details of Trip ☐

Rules:

1- This Form must be submitted to OPA Department **at least one month before the Trip**.
2- **Complete Details of Trip** (Destination booking, Vehicle details, Driver details etc.) must be **submitted to EMC**.
3- **All cash details** (Sponsored amount, Tickets Sold etc.) must be **submitted to OTR** at the end of trip.
4- Attach all traveling details along with **permission from parents on permission slip with this proposal**.
5- For **Study Trip approval from program incharge/ area coordinator is mandatory**.
6- Rules for Trip and Tours (**17.1 Trips and Tours Participants handbook**)
   ➢ The maximum duration of the field trip would be half a day. Field trips requiring more time will be planned separately for boys and girls.
   ➢ At least two faculty members must accompany such a field trip.
   ➢ Combined girls and boys trips of any duration, for recreational purposes, are prohibited.

Undertaking by Organizing Person: **I read and understood policy guidelines mentioned in participants, Faculty and Staff handbook. My Trip doesn't violate any policy of UMT. I will abide by the decision made by EMC and before their written approval I will not proceed or execute said event.**

Organizing Person _____   **Reviewed by Program Incharge (Yes/No)** _____
<div align="center">(Name and Sign)</div>

Endorsed by KU Head (Yes/No) _____   **Recommended by Convener EMC (Yes/No)** _____

Director Campus: Approved / Not Approved _____

For Office Use

Coupons received from OTR: Yes. ☐   No. ☐ **Serial # of Coupon**: _____   **Unit Price**: _____

Ref. #: _____   Received Date: _____   Issued by: _____