

Science Field Activity Plan

1. Course: _____ **2. Section(s):** _____ **3. Purpose:** _____
 (e.g. GEOL 1403) (e.g. 23452) (e.g. water-sampling exercise)

*** 4. Date(s)/Times(s) of Activity:** _____

*** 5. Locations/Destinations for Activity:** _____
 (e.g. Llano, Inks Lake S.P.) _____

*** 6. Any part of the activity outside of Travis/Williamson Co.?** Yes No (circle one)

*** 7. Travel by:** Rental Van POV ACC Vehicle Bus Boat Ship Other _____
 (circle all applicable) (Attach ACC Request for Travel form if reimbursement will be needed) (Specify)

8. Vehicles Reservation(s): _____
 [Indicate company and confirmation number(s)]

*** 9. Number of POVs:** _____ *** 10. Number of POV Drivers:** _____
 (POV volunteer driver information must be sent to the EHS Office)

| 11. Participants: | Name(s) | EHS-Approved Driver? |
|--|----------------|-----------------------------|
| Responsible College Official: | _____ | (circle one) Yes No |
| Other ACC Employees: (indicate N/A if not applicable) | _____ | Yes No |
| | _____ | Yes No |

12. Projected No. of Participants: _____ *** 13. Actual No. of Participants** _____
 (Include all leaders and ACC employees)

14. Projected Cost of the Activity: _____ *** 15. Actual Cost of Activity** _____
 (Must be itemized on reverse side of this form)

16. Pre-Activity Approvals:

| | |
|------------------------------|------|
| Responsible College Official | Date |
| Department Chair | Date |
| Budget Authority | Date |

*** 17. Post-Activity Verification:**

I certify that the * questions have been completed or corrected to reflect the actual field activity.

| | |
|------------------------------|------|
| Responsible College Official | Date |
|------------------------------|------|

Projected Field Activity Expenses

(indicate N/A if not applicable)

1. Vehicle Rental _____
(based on projected mileage and duration of rental,
as well as cost for comprehensive damage waiver, and
required insurance from rental agency)
 2. Gasoline or other fuel _____
 3. User fees _____
(specify)
 4. Meals per diem _____
 5. Lodging per diem _____
 6. Supplies _____
(indicate general type)
 7. Salary of ACC hourly employee(s) _____
 8. Other _____
(specify)
- TOTAL** _____

NOTE: Each ACC employee should file a separate ACC *Request for Travel* form if reimbursable expenses are anticipated or if a travel advance is needed. Each employee must file an ACC *Out-of-District Reimbursement Expense Voucher* form (total reimbursable expenses \geq \$30) or a *Request for Petty Cash Reimbursement* form (total reimbursable expenses $<$ \$30) following the field activity to receive reimbursement for expenses. Original receipts must be attached to these forms to receive a reimbursement.