

# 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)

| <b>11. Participants:</b>                                 | <b>Name(s)</b> | <b>EHS-Approved Driver?</b> |
|--|----------------|-----------------------------|
| Responsible College Official:                            | _____          | (circle one)<br>Yes    No   |
| Other ACC Employees:<br>(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 | Responsible College Official |
| Budget Authority             | Date | Date                         |

**\*17. Post-Activity Verification:**  
 I certify that the \* questions have been completed or corrected to reflect the actual field activity.

## 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.