Summary

Contact
Trip Name
Trip Coordinator Name
Trip Coordinator Phone #
Itinerary
<b>Destination(s)</b> (City, ST of all stops)
Trip Length (in Days/Nights)
Departure Date
Departure Time
Departure Airline (if applicable)
Departure Flight No. (if applicable)
Arrival Date
Arrival Time
Arrival Airline (if layover)
Arrival Flight No. (if layover)
3 (1.357)
Hotel (include all)
Ground Transportation
or outer 11 mopor action
Return Departure Date
Return Departure Time
Return Airline (if applicable)
Return Flight No. (if applicable)
Return Arrival Date
Return Arrival Time
Return Arrival Airline (if layover)
Return Arrival Flight No. (if layover)
Ground Transportation
Name of Trip Advisor and company, if
applicable
T
Enter Notes/Additional Items
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Shepherd University Last Revised: 08/5/2025

Daily Details

DATE:	Time	Location	Contact Name	Contact Phone
Breakfast				
Activity				
Lunch				
Activity				
Dinner				
Activity				
Other 1				
Other 2				
Other 3				

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Notes/Additional It	tems		

Daily Details

Day 2	Time	Location	Contact Name	Contact Phone
Breakfast				
Activity				
Lunch				
Activity				
Dinner				
Activity				
Other 1				
Other 2				
Other 3				

Notes/Additional Items		

Daily Details

Day 3	Time	Location	Contact Name	Contact Phone
Breakfast				
Activity				
Lunch				
Activity				
Dinner				
Activity				
Other 1				
Other 2				
Other 3				

Notes/Additional Items		