San Francisco State University Sport Clubs
University Approved Travel Checklist

Sport Club Name: ___________________________ Trip Leader: ___________________________

<table>
<thead>
<tr>
<th>Drivers</th>
<th>Sport Club Check</th>
<th>Department Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Complete Defensive Driver Course</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Complete Driver Application/Declaration Form</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Complete University Volunteer Form</td>
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</tbody>
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Note: The Department of General Services (DGS), Office of Risk and Insurance Management, has developed an Online Defensive Driver Training course with no charge to state agencies. Please visit the DGS Training Website for more information or e-mail: DDT@dgs.ca.gov. OR State Training for Drivers

<table>
<thead>
<tr>
<th>Vehicles</th>
<th>Sport Club Check</th>
<th>Department Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Authorization of Privately Owned Vehicles on State Business’</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Proof of Vehicle Insurance Card</td>
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</tbody>
</table>

Note: If members are traveling on their own to the event and not with the club, they will not have auto liability coverage by the University.

<table>
<thead>
<tr>
<th>Renting Vehicles</th>
<th>Sport Club Check</th>
<th>Department Check</th>
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</thead>
<tbody>
<tr>
<td>Renting from approved CSU Carriers: Enterprise and/or Alamo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Request Trip Admin Approval to Rent from another agency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bus Rentals Contracting and Purchasing on University Business</td>
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</tbody>
</table>

Read the following prior to Renting Vehicles:
- Must rent from approved CSU carriers: Enterprise and/or Alamo.
- If none of these agencies have vehicles, then the Trip Administrator can approve a rental from another agency and require that all available liability coverage be purchased.
- Bus Rentals Contracting and Purchasing on University business.
- Sport Clubs may not rent or travel in caravans

Trip Leader Signature: ___________________________ Date Submitted: ___________________________

Administrator Signature: ___________________________ Date: ___________________________

Department Use Only

☐ Approved:  ☐ Disapproved:

Reason:

Administrator Signature: ___________________________ Date: ___________________________