

**Louisiana State University System**

**Trip Travel Insurance  
Request for Coverage**

Date: _____		Requesting Department: _____	
Name of Activity: _____			
Origin of Trip: _____		Destination of Location: _____	
Mode of Travel: _____			
Date of Departure: _____		Date of Return: _____	
<b>Insurer Listing</b>			
1.		17.	
2.		18.	
3.		19.	
4.		20.	
5.		21.	
6.		22.	
7.		23.	
8.		24.	
9.		25.	
10.		26.	
11.		27.	
12.		28.	
13.		29.	
14.		30.	
15.		31.	
16.		32.	

# Persons to be Insured \_\_\_\_\_ x # days \_\_\_\_\_ x Rate \_\_\_\_\_ = \$ \_\_\_\_\_

Account Number	Speed Type Chart	O R	Account Number	Fund	Department ID	Program	Project/Grant	Amount

Account Number Approved by \_\_\_\_\_ Date \_\_\_\_\_

Department / Program Approval: \_\_\_\_\_ Date \_\_\_\_\_

Before departure of the trip, this form should be brought to the Accounts Payable Department in the Office of Accounting Services.