

**LOUISIANA STATE UNIVERESITY SYSTEM
REQUEST FOR COVERAGE
TRIP TRAVEL INSURANCE**

DATE:
CAMPUS NO.:
DEPARTMENT MAKING REQUEST:
NAME OF ACTIVITY:
DESTINATION OR LOCATION:
MODE OF TRAVEL:
ORGIN OF TRIP:
DATE OF DEPARTURE:
DATE OF RETURN:
TOTAL NUMBER OF PERSON INSURED:
NUMBER OF DAYS INVOLVED IN TRIP OR ACTIVITY:
TOTAL AMOUNT ATTACHED: \$
_____ IT OR _____ CHECK
_____ CAMPUS ADMINISTRATIVE OFFICER
_____ DATE