

INTERNATIONAL TRAVEL APPLICATION

Traveler's Name: _____ Group Leader: ☐ Volunteer: ☐ Student: ☐

Home Address: _____

Employee ID: _____ Department: _____

Cell Phone: _____ Email: _____

TRAVEL ITINERARY

Destination(s): _____

Purpose of Trip: _____

Date(s) Departing: _____ Hour: _____ Returning: _____ Hour: _____

ESTIMATED TRAVEL EXPENSES

☐ Train ☐ State Car ☐ Rental Vehicle ☐ Plane ☐ (Direct Bill) _____

Privately Owned Vehicle (Authorization form must be on file) _____

International Insurance Fee \$60.00 (Mandatory) 60.00

Maximum Federal Per Diem Rate (includes lodging, meals and incidentals) _____

Other: _____

Total \$ _____

Enrolled in STEP (<https://travelregistration.state.gov>) _____ (applicant's initials)

State contract rates have been used where available _____

If trip is to be reimbursed by other funds/agency, enter name of agency: _____

TRAVEL EXPENSES

Travel Claim Reimbursement	Account	Fund	Department	Program	Class	Project
0		00000	00000			

REQUEST FOR PAYMENT / REIMBURSEMENT

Payment Request: _____ (Attach Inv or Reg Form)

Reimbursement Request: _____ (Attach Receipt)

Amount	Account	Fund	Department	Program	Class	Project
0		00000	00000			

Payable to: _____ Mail check by (date): _____

Remit address: _____ Payment Amount: _____

ADVANCE - FOR GROUP / STUDENT TRAVEL ONLY

Advance requested in amount of \$ _____ to be paid by (date) _____

APPROVING SIGNATURES

Applicant's Signature: _____ Date: _____ Applicant's Report to: _____ Date: _____

Dean/Director (if applicable) _____ Date: _____ Authorized Signature for Dept ID# _____ Date: _____

Provost/VP (if applicable) _____ Date: _____ President (if applicable) _____ Date: _____

Please note that travel to a high hazard or area with an active US State Department travel warning requires campus President approval 30 days in advance, and travel to War Risk locations requires campus President and Chancellor approval. Notify the campus Risk Manager at 278-7422 ASAP to help facilitate approval process.