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**International Travel Approval Form**

**Date of Request:** Click here to enter a date.

**Traveler:** Click here to enter text.

**Passport #:** Click here to enter text. **Expiration Date:** Click here to enter text. **Country of Issue:** Click here to enter text.

**Destination(s):** Click here to enter text.

**Travel Dates:** Click here to enter a date. **to** Click here to enter a date.

**NOTE:  The flight itinerary dates must match the travel dates approved on the travel authorization. The itinerary dates must include personal days, if applicable.**

**Event Dates:** Click here to enter a date. **to** Click here to enter a date.

**Purpose of International Travel:** (M*ust demonstrate mutual benefit to traveler and institution. Attach documentation if needed*)

Click here to enter text.

**Hyperlink to conference/event (if not applicable, please attach itinerary of activities):**

Click here to enter text.

**Estimated Costs:**

|  |  |  |
| --- | --- | --- |
| **Airfare** |  |  |
| **Hotel** |  | **nights** | **X** |  | **per night =** | **0.00** |
| **Registration fee** |  |  |
| **Car Rental** |  | **days** | **X** |  | **per day =** | **0.00** |
| **Meals** |  | **days** | **X** |  | **per day =**  | **0.00** |
| **Mileage** |  | **miles** | **X** | **0.42** | **per mile =** | **0.00** |
| **Other expenses (Taxi, Parking, Luggage, Rental Gas, etc.)** |  |
| **Omit** |  |  |
|  **Estimated Total Cost** | **0.00** |

**Cost Center(s) or Fund/Org to be charged:** Click here to enter text.

**Is traveler requesting any personal days in conjunction with this trip?** [ ]  Yes [ ]  No

If yes, please give dates**:** Click here to enter text.

**International Travel Approval Form Continued**

**Check the State Department Travel Advisory at this** [**link**](https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html)**.**

What is the Advisory Level (if more than one destination, indicate the highest number)? Click here to enter text.

If the travel advisory is level 3, additional justification must be attached; if level 4, the travel is not allowed.

**Will any federal funds be used for this travel?** [ ]  Yes [ ]  No

 If yes, I certify that I am in compliance with the Fly America Act. [ ]  Yes [ ] No

**Will traveler carry any items subject to Export Controls or items that require an Export Controls License?** [ ]  Yes [ ] No

 If yes, describe in detail the items(s):Click here to enter text.

 If yes, I certify that I am in compliance with Export Controls regulations. [ ]  Yes [ ]  No

**Contact information while you are abroad:** Click here to enter text.

**Who should be contacted in an emergency?** Click here to enter text.

**Is Traveler requesting a travel advance (if applicable)?** [ ]  Yes [ ] No

**Signature of Traveler:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

By signing this document, I certify that I have reviewed all travel advisories, immunization requirements, export controls and passport validity requirements for this trip and will be in compliance upon travel.

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Unit Head/Dept. Head) Date: \_\_\_\_\_\_\_\_\_

Not Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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