



For Office Use Only
TA#

AUTHORIZATION FOR INTERNATIONAL TRAVEL

THIS FORM MUST BE SUBMITTED AT LEAST 30 DAYS IN ADVANCE OF DEPARTURE DATE.

In compliance with CSU Executive Order 1041, we hereby request authority for international travel to the destination/s, on the dates, and for the purpose indicated below:

REQUESTING ORGANIZATION: _____ TODAY'S DATE: _____

TELEPHONE CONTACT DURING DURATION OF TRIP: (_____) _____ EMAIL: _____

PURPOSE OF TRAVEL: _____

FUNDING FOR TRAVEL: ESTIMATED TRAVEL EXPENSE: \$ _____

_____ \$
Account Name Account Number

_____ \$
Account Name Account Number

LOCATION(S) AND DATES OF TRAVEL-INCLUDE COUNTRIES AND CITIES/REGIONS OF TRAVEL: (Attach additional travel locations)

_____ Country and Cities/Regions _____ Departure and Return Dates

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INDICATE IF ANY OF THE LOCATIONS WHERE YOU WILL TRAVEL ARE ON THE FOLLOWING LISTS:

- High Hazardous List: http://www.calstate.edu/risk_management/rm/documents/CSURMA_HighHazardList.pdf.
- War Risk: http://www.calstate.edu/risk_management/rm/documents/CSURMA_HighHazardList.pdf.
- U.S. State Department Travel Warning List: <http://travel.state.gov/content/passports/en/alertswarnings.html>.

FLIGHT INFORMATION:

Airline Carrier	Departure Date/ Time	Flight #	Returning Date/ Time	Flight #
_____	_____	_____	_____	_____

LODGING INFORMATION:

Lodging Facility	Phone Number	Address	Period of Stay
_____	_____	_____	_____

Lodging Facility	Phone Number	Address	Period of Stay
_____	_____	_____	_____

REQUESTED BY:

STUDENT:	Print Name	Signature	Date
_____	_____	_____	_____

ADVISOR:	Print Name	Signature	Date
_____	_____	_____	_____

We understand and agree that when approvals for foreign travel are obtained, the travelers will purchase the CSURMA FTIP insurance coverage from University Risk Management. Please allow for two weeks prior to the departure date to purchase the insurance.

REVIEWED BY:

ACCOUNT STATUS IN ASI FINANCIAL SERVICES:

ASI Executive Director

Date

\$ _____
Account Balance

REGISTRATION AND GOOD STANDING STATUS:

Associate Vice President / Dean of Students

Date

Vice President for Division of Student Affairs

Date

REQUIRED APPROVAL & PURCHASE OF INSURANCE:

RISK MANAGEMENT

University Risk Manager

Date

ADDITIONAL APPROVAL REQUIRED (Mark N/A if not needed):

For Travel to Countries on the High Hazardous, War Risk, and/or U.S. State Department Warning List

University President

Date

CHECKLIST-REQUIRED ATTACHMENTS:

For All International Travel Requests:

- Estimated Travel Expense Form
- Financial Report Showing Available Balance
- List of Travelers and Emergency Contact Information
- Trip Documentation (Conference Brochure)
- Release of Liability, Promise Not to Sue, Assumption of Risk and Agreement to Pay Claims Form (If minor, under 18 years, must be signed by parent/guardian)

For All High-Hazard and War-Risk Destinations:

- List of accompanying University employees names, titles and contact information (email and phone)
- Written explanation if there is no accompanying University employee
- Memo from Area/Division Vice President in support of travel

LIST OF INTERNATIONAL TRAVELERS

NAME OF STUDENT TRAVELER	18 YEARS OR OVER (Y/N)	EMAIL ADDRESS (you will check when traveling)	EMERGENCY CONTACT NAME	RELATION TO TRAVELER	EMERGENCY CONTACT'S EMAIL AND/OR PHONE