

# International Travel

Student organizations traveling outside of the United States are required to complete an International Travel Package as listed below. Required forms and documentation will need to be reviewed and approved by the appropriate departments and staff. All travelers are also required to complete and have approved travel forms and purchase risk management insurance. This can be a long process and will need to be all completed and turned in to Financial Services no later than 3 months prior to departure.

Effective June 1, 2021, *essential* travel may be allowed if approved by the Associate VP/Dean of students for clubs and organizations or approved by the respective college Dean for IRA groups. Next, the form must be approved by VP of Student Affairs for clubs and organizations or approved by the Provost/VP for Academic Affairs for IRA groups. ASI Financial Services must receive this form (signed and approved) at least 10 business days prior to travel, so please plan accordingly. ***Please note this policy is subject to change and may be revoked at any time in relation to state and county guidelines.***

## International Travel Packet Checklist:

1. Authorization to Travel Form (per group)
2. Release of Liability Form (per traveler)
3. Authorization for International Travel (one per group)
4. List of Attendees
5. Emergency Contact List
6. Flight and Hotel Information
7. Risk Management Insurance
8. Document Confirming Purpose of Trip
9. Please refer to the University's policies for travel: [Lodging, Meals & Incidentals](#) before submitting your travel request paperwork.

Copy of Advisor's Authorization to Travel on State Business (if Advisor is traveling)

## Filling in the International Authorization to Travel Form

The approval process for the Authorization for International Travel form may take several days or even a few weeks. Despite so, the forms and packages need to be completed and fully approved and submitted to ASI Financial Services 3 months prior to departure. Several specific signatures are needed and cannot be substituted with a Universal Signer so plan accordingly!

1. The name of the traveling organization and a primary contact information. The email provided must be checked daily and often throughout the entirety of the trip.
2. Provide a purpose for the travel.
3. Estimate the travel expenses to be incurred and indicate which account(s) the funds will be taken out from.
4. The location where the organization is traveling to. The more specific, the better.
5. Check each of the three links provided and indicate if the country/region that your group is traveling to is listed on any of the high-risk countries lists.
6. Provide detailed information about the organization's flight and lodging accommodations. Please refer to the University's policies for travel: [Lodging, Meals & Incidentals](#) before submitting your travel request paperwork.
7. The name and signature of the student requesting the authorization and the name and signature of an advisor. A Universal Signature cannot be used and will not be accepted.
8. Submit the filled in Authorization for International Travel form to Financial Services to be reviewed. Once the form has been reviewed and approved, the organization will be contacted to pick up the signed form. Then the form is to be submitted to the Associate Vice President for further review and approval.
9. Student travelers are required to have approval and purchase of insurance by Risk Management.

*For more information visit the Cal Poly Pomona website under University Risk Management <https://www.cpp.edu/~rms/risk-insurance/insurance/index.shtml>*

10. Provide a list of emergency contacts for each traveler. Include a telephone number and email that the contact can be reached at.



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: Sample Club TODAY'S DATE: 05/23/2022  
 TELEPHONE CONTACT DURING DURATION OF TRIP: (909) 829-2800 EMAIL: advisorsname@cpp.edu  
 PURPOSE OF TRAVEL: The Sample Club emphasizes exploring diverse cultures and learning more about their arts as well as history. This trip was selected to give the club's members the opportunity to observe these characteristics of Scotland.

FUNDING FOR TRAVEL: ESTIMATED TRAVEL EXPENSE: \$ 4000.00

<u>Sample Club</u>	<u>100123</u>	<u>\$ 3000.00</u>
Account Name	Account Number	
<u>Sample Club</u>	<u>3S0123</u>	<u>\$ 1000.00</u>
Account Name	Account Number	

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

<u>Aberdeen, Scotland</u>	<u>July 10-11, 2022</u>
Country and Cities/Regions	Departure and Return Dates
<u>Edinburgh, Scotland</u>	<u>July 12-14, 2022</u>
Country and Cities/Regions	Departure and Return Dates

**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](http://www.calstate.edu/risk_management/rm/documents/CSURMA_HighHazardList.pdf)  
 War Risk: [http://www.calstate.edu/risk\\_management/rm/documents/CSURMA\\_HighHazardList.pdf](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:**

<u>Best Flights Airlines</u>	<u>July 10, 2022 5:30 AM (PDT)</u>	<u>3W67H</u>	<u>5J892</u>
Airline Carrier	Departure Date / Time	Flight #	Returning Date / Time

**LODGING INFORMATION:**

<u>Aberdeen Inn</u>	<u>Inn's Number</u>	<u>1234 E. Hills St, Aberdeen, United Kingdom</u>	<u>July 10-11, 2022</u>
Lodging Facility	Phone Number	Address	Period of Stay
<u>Edinburgh Inn</u>	<u>Inn's Number</u>	<u>5678 N. Main St, Edinburgh, United Kingdom</u>	<u>July 12-14, 2022</u>
Lodging Facility	Phone Number	Address	Period of Stay

**REQUESTED BY:**

STUDENT: <u>Billy Bronco</u>	<u>Billy Bronco's Signature</u>	<u>05/23/2022</u>
Print Name	Signature	Date
ADVISOR: <u>Advisor's Name</u>	<u>Advisor's Signature</u>	<u>05/23/2022</u>
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

This part of the packet is completed by University and ASI Staff.

**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

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**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
Tuffy Titan	Y	ttitan@cpp.edu	Sample Name	Parent	samplename@domain.com
Joe Bruin	Y	jbruin@cpp.edu	Sample Name	Sibling	samplename@domain.com
Elbee Shark	Y	eshark@cpp.edu	Sample Name	Parent	samplename@domain.com
Musty Mustang	Y	mmustang@cpp.edu	Sample Name	Cousin	samplename@domain.com
Peter Anteater	Y	panteater@cpp.edu	Sample Name	Parent	samplename@domain.com
Advisor's Name	Y	advisorsname@cpp.edu	Sample Name	Spouse	samplename@domain.com

**Approval Process:**

1. Review by ASI Executive Director – Account Status in ASI Financial Services
2. Review by Associate Vice President/Dean of Students – Registration/Good Standing
3. Review by Vice President/Student Affairs – Registration/Good Standing
4. Required Approval and Purchase of Insurance by Risk Management