



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

_____	_____
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.
- 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.

