

## **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:

		TODAY'SDATE.		
REQUESTING ORGANIZATION:	TODAY'S DATE:			
TELEPHONE CONTACT DURING DURATION OF TRIP: (	)	EMAIL:		
PURPOSE OF TRAVEL:				
FUNDING FOR TRAVEL: ESTIMATED TRAVEL EXPENSE: \$				
Account Name	A	ccount Number		
Account Name	A	ccount Number	\$	
LOCATION(S) AND DATES OF TRAVEL-INCLUDE COUNTRIES	S AND CITIES/REGIO	NS OF TRAVEL: (Attac	th additional travel locations)	
		(	,	
Country and Cities/Regions		Departure an	nd Return Dates	
Country and Cities/Regions		Departure and Return Dates		
INDICATE IF ANY OF THE LOCATIONS WHERE YOU WILL TO	RAVEL ARE ON THE	FOLLOWING LISTS:		
☐ High Hazardous List: <a csurn"="" documents="" href="http://www.calstate.edu/risk_management/m/document/m/do&lt;/td&gt;&lt;td&gt;=&lt;/td&gt;&lt;td&gt;rdList.pdf.&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;☐ War Risk: &lt;a href=" http:="" risk_management="" rm="" www.calstate.edu="">http://www.calstate.edu/risk_management/rm/documents/CSURN</a>				
U.S. State Department Travel Warning List: http://travel.state.gov/cont	ent/passports/en/alertswarnir	ngs.html.		
FLIGHT INFORMATION:				
Airline Carrier Departure Date / Time	Flight #	Returning Date / Ti	ime Flight #	
LODGING INFORMATION:				
Lodging Facility Phone Number Ac	ddress	Perio	Period of Stay	
Lodging Facility Phone Number Ac	ddress	Perio	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.

## ACCOUNT STATUS IN ASI FINANCIAL SERVICES: Date Account Balance ASI Executive Director 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 $\square$ 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

**REVIEWED BY:** 

## 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