Request for Prior Approval of International Travel

| Name | | | Title | | Date |
|--|-----------------------|---------------------|---------------------|--------------------------------|------------------------------|
| Office Address | | | | | |
| Office Phone | | Fax | | Email | |
| Description of th | e trip (travelers, de | estination and date | es): | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Purpose of prop | osed travel (e.g., a | inticipated results | , relevance of trip | to mission of your (| unit and of the University): |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Name of person | (s) who will cover y | our duties during | your travel: | | |
| | (-) | | | | 1 |
| | | | | | |
| | | | | | |
| | of the trip and sour | . , | | | |
| ITEM | State Funds | Foundation Funds | Government Funds | Other | TOTALS |
| Transportation | | | | | 0.00 |
| Lodging/meals Other | | | | | 0.00 |
| TOTALS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 0.00 |
| | | | | | |
| Action taken: | Approved _ | Not Approve | ed | | |
| Export control training: Completed Not completed | | | pleted | Department Chair/Director Date | |
| https://travel.sta | te.gov/content/trav | el/en/traveladviso | ries/traveladvisor | · | |
| | veler has verified | | | | |
| | | | - | • | |
| A | | | | Dean | Date |

An approved copy must accompany request for reimbursement.

Updated 02082019