

COLA International Travel Request Form

Today's Date:

TER #:

Department:

Traveler Name: _____ Date of Birth: _____

(as it appears on your driver's license or passport)

Meeting Name:

Meeting Destination:

Name of Hotel:

Purpose of the trip: **USE ATTACHED PAGE**

Travel Dates: _____ to _____

International Travel:

Is there a US State Department Travel Warning associated with your destination? (*attach Risk Mgmt email*)

No (*Dean Approval required*) Yes (*Provost Approval required*)

Passport Information (choose one):

Copy on file in Dept/Dean Office Submit copy each time traveling internationally

Provide contact information for someone not traveling with you who also had a copy of passport:

Name:

Relationship to Traveler:

Phone number:

Will you be traveling during a class you are scheduled to teach? yes no

If so, what are the arrangements to cover your course?

ALL TRAVEL INFORMATION SHOULD BE PROVIDED TO DEPT/DEAN'S OFFICE PRIOR TO DEPARTURE

Auto Air Other (please specify): _____

- All travel requests must be submitted to department chair/director regardless of funding source.
- Please familiarize yourself with the RIT travel policy found at <http://finweb.rit.edu/controller/travel/manual.html>

FOR ADMINISTRATIVE USE ONLY

Chair Approval (if applicable) : _____ Date: _____

Director Approval (if applicable) : _____ Date: _____

Dean Approval: _____ Date: _____

Provost Approval: _____ Date: _____

Copy to CLA Deans Office

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PURPOSE OF TRIP

Use the space below to:

- a) Describe the purpose of your trip
 - b) How it is being funded
 - c) Travel Warning – How you plan to handle should any issues arise?
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