***International Travel Authorization and Request for Travel Insurance***

**Name(s) of Traveler(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Attach a List if Necessary) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of: Faculty \_\_\_\_\_\_\_\_ Staff \_\_\_\_\_\_\_\_ Students \_\_\_\_\_\_\_\_ Administrators \_\_\_\_\_\_\_\_**

**Dept. Name & College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dates of Travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purpose of Trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Be Specific) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Countries to Be Visited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Regions/Cities to Be Visited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Source of Funds:**

**State Fund: Amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Percent of Total \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Non-State Funds: Amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Percent of Total \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approval Signatures:**

**Department Chair/Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**College Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provost/Division VP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*PLEASE RETURN THIS FORM TO FB-109 AFTER ALL SIGNATURES ARE OBTAINED. YOU MUST SUBMIT THIS FORM TO THE RISK MANAGEMENT OFFICE AT LEAST 7-10 DAYS BEFORE TRAVEL SO WE MAY OBTAIN TRAVEL INSURANCE (30 DAYS PRIOR FOR COUNTRIES ON STATE DEPARTMENT TRAVEL WARNING LIST).**

**PLEASE CALL x73937 or x73939 WITH QUESTIONS.**