

TAMU FOREIGN TRAVEL REQUEST FORM

Employee Name: _____
(Print or type name as it appears on passport)

Traveler UIN: _____

Passport #: _____

Title: _____

Email address: _____

Department: _____

Employee Cell # or Work Phone #: _____

Period of Travel: _____
(Date of departure)

through _____
(Date of return)

From: _____
(City) (Country)

To: _____
(Final destination) (Country)

Is the travel to a country currently under a Travel Warning? Yes No

Currenty Travel Warnings can be found at <http://travel.state.gov/travel/>

Note: If the country is currently under a Travel Warning, please complete the *Acknowledgement of Risk* form and attach for approval. The form may be downloaded at http://finance.tamu.edu/contracts/travel_abroad.asp

Acknowledgement of Risk form attached? Yes No Not applicable

Purpose of Travel: (explain purpose of travel and benefit to TAMU; **ONLY university business will be approved**)

If travel is to a country currently under a Travel Warning, please explain the necessity of the travel at this time:

Are students traveling with you on this trip? Yes No

Billing Information (For Department Use Only)

Department Name: _____

Account Number: _____ Support Account Number: _____

Total Estimated Expenses: _____

ADVANCE REQUESTED: No Yes If "Yes", Total Amount Requested \$ _____

Registration \$ _____ Airfare \$ _____ Per Diem \$ _____

Travel advance request form needs to be completed. For US and foreign per diem rates, see http://aoprals.state.gov/web920/per_diem.asp

Please attach cost quote for "Registration" and/or "Airfare".

APPROVAL RECOMMENDED

The information provided on this form is true and accurate to the best of my knowledge.

Traveler's Signature _____
(Date)

Department Head _____
(Date)

OR

College Dean (academic units) _____
Date

Appropriate VP (non-academic units) _____
Date

Additional approval is required from the Dean of Faculties and Provost and Executive Vice President for Academics (if academic unit) and the President, if Foreign Travel is being paid by State Funds.

SUBMIT SIGNED COPY OF FORM TO:

CONTRACT ADMINISTRATION

LMERVISH@TAMU.EDU

MS 1182 / FAX 979.862.7130

Revised 5/19/09

Department of Contract Administration

