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**International Travel Approval Form**

**Date of Request:** Click here to enter a date.

**Traveler:** Click here to enter text.

**Passport #:** Click here to enter text. **Expiration Date:** Click here to enter text. **Country of Issue:** Click here to enter text.

**Destination(s):** Click here to enter text.

**Travel Dates:** Click here to enter a date. **to** Click here to enter a date.

**Event Dates:** Click here to enter a date. **to** Click here to enter a date.

**Purpose of International Travel:** (M*ust demonstrate mutual benefit to traveler and institution. Attach documentation if needed*)

Click here to enter text.

**Estimated Costs:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Airfare** |  | | | | |  |
| **Hotel** |  | **nights** | **X** |  | **per night =** | **0.00** |
| **Registration fee** |  | | | | |  |
| **Car Rental** |  | **days** | **X** |  | **per day =** | **0.00** |
| **Mileage** |  | **miles** | **X** | **0.42** | **per mile =** | **0.00** |
| **Other expenses (Taxi, Parking, Luggage, Rental Gas, etc.)** | | | | | |  |
| **Omit** |  | | | | |  |
| **Estimated Total Cost** | | | | | | **0.00** |

**Will you charge airfare to a TCard?** Yes  No

If yes, attach proposed itinerary from airline or agency.

**Reason for selecting Hotel:** Choose an item.

**Method of paying the registration:** Choose an item.

Please attach registration form if possible, or web address.

**Will you require meals for all days?** Yes  No

**Will you require a travel advance?**  Yes  No

**Cost Center(s) or Fund/Org to be charged:** Click here to enter text.

**Is traveler requesting any annual leave in conjunction with this trip?**  Yes  No

If yes, please give dates**:** Click here to enter text.

**Is this a recurring trip?** Yes  No

If yes, describe**:** Click here to enter text.

**Is there a Travel Warning or Travel Alert issued for this destination?**  Yes  No

<http://travel.state.gov/travel/cis_pa_tw/pa/pa_1766.html>

<http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html>

**Will any federal funds be used for this travel?**  Yes  No

If yes, I certify that I am in compliance with the Fly America Act.  Yes No

**Reference:** <http://www.gsa.gov/portal/content/103191>

**Will traveler carry any items subject to Export Controls or items that require an Export Controls License?**  Yes No

If yes, describe in detail the items(s):Click here to enter text.

If yes, I certify that I am in compliance with Export Controls regulations.  Yes  No

**Reference:** <http://www.access.gpo.gov/bis/ear/pdf/indexccl.pdf>

**Will you request an international plan for phone and data?**  Yes  No

I am aware that I am personally responsible for costs incurred if the proper international phone/data plan has not been requested prior to travel. Yes  No

**Contact information while you are abroad:**Click here to enter text.

**Who should be contacted in an emergency?** Click here to enter text.

**Signature of Traveler:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ Unit Head/Department Head

Not Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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