

AUTHORIZATION FOR TRAVEL FOR CASB FACULTY AND STUDENTS

TODAY'S DATE:

NAME OF TRAVELER:

DESTINATION:

International Travel:

I have contacted International Affairs to ensure that I am informed of available resources, aware of potential risks, and in compliance with all rules and regulations. I have also reviewed the current Travel Advisory (<https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html>), which is at Level _____.

DATES OF TRAVEL:

PURPOSE OF TRAVEL:

SOURCE OF TRAVEL FUNDS:

Fund Name:

Chartfield String: MOCODE

Dept ID

Fund

Project

ESTIMATED EXPENSES:

HOW WILL YOUR CLASSES BE COVERED DURING YOUR ABSENCE?

SIGNATURE: _____
Traveler

DATE: _____

I have evaluated this travel and determined it to be necessary.

SIGNATURE: _____
Chair/Supervisor

DATE: _____

SIGNATURE: _____
Vice Provost and Dean (required for Department Chairs and all international travel)

DATE: _____

SIGNATURE: _____
Vice Chancellor for Research (required for Center Directors only)

DATE: _____