

Travel Authorization#: _____

REQUEST FOR INTERNATIONAL TRAVEL

Campus Business Unit: (check one)

- HMCMP
- HMADV
- HMSPF

Traveler category: (If students traveling with group, attach EO-1041)

- Faculty ([attach class schedule](#))
- Group Travel ([complete EO-1041](#))
- Staff/Administration
- Students ([complete EO-1041](#))

- NEW DOCUMENT
- REVISED
- CANCEL TRAVEL

Traveler/Group Leader (print clearly): _____ Phone # _____

Dept/Position: _____ Traveler's Email: _____

Travel Arranger's Name: _____ Travel Arranger's Email: _____

Purpose of Trip: _____

Emergency Contact:	Name: _____	Phone # _____	Email: _____
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Destination Country: _____ State/City: _____ Dates: _____

Destination Country: _____ State/City: _____ Dates: _____

Chartfield String: _____

Account	Fund	Dept	Program	Class	Project	Amount
660010 Travel Insurance						*\$100.00*

Please note: Actual insurance costs are dependent upon the duration and destination of travel. Please consider this expense in travel planning.

Travel Advance Requested: \$ _____	Estimated Cost to Encumber	_____
	(including direct bill): \$	_____

Purpose of Advance: _____

Comments/Special Instructions: _____

HSU strongly advises all travelers to register with the U.S. Department of State's STEP (Smart Traveler Enrollment Program): <https://step.state.gov/step/> I have registered. Attached is my STEP registered itinerary.

For Traveler/Group Leader: By signing below, I certify that I have read and agree to follow and be bound by the HSU travel policy. If I do not complete and submit a valid travel expense claim within 30 days following the conclusion of this trip, I authorize HSU to deduct from my wages travel advances, which include the prepayment of expenses such as, but not limited to, airline tickets and registration fees.

(REQUIRED) Traveler's Signature: _____	Date: _____
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ALL APPROVAL SIGNATURES (below) ARE REQUIRED FOR INTERNATIONAL TRAVEL

By signing, I certify that I have read and complied with the Approving Authority Responsibility section of the HSU travel policy and that the traveler has completed all forms required by the HSU travel policy.

Reviewed by budget analyst (indicate initials): _____

1) Dept. Chair/Supervisors Name (PRINT) _____ Signature _____ Date _____

2) Dean/Asst. Dean's (as applicable) Name (PRINT) _____ Signature _____ Date _____

3) Director of Center for Int'l Programs Name (PRINT) _____ Signature _____ Date _____

YES NO

[CSURMA High Hazard List](#)

4) Provost's Name (PRINT) _____ Signature _____ Date _____

5) President/President's Designee Name (PRINT) _____ Signature _____ Date _____

-->Once all approval signatures have been obtained,

Travel related questions, refer to:

Send ORIGINAL to Business Services/SBS 345 - Keep a COPY to take on your trip
Keep a COPY for your Department records - Send a COPY to Contracts & Procurement

HSU Travel Website: www.humboldt.edu/risksafety/univtravel
HSU Travel Email: travel@humboldt.edu - REVISED: 08/11/2017