



## International Travel Approval Form

TRAVELER NAME:

DIVISION:

DESTINATION:

DEPARTURE DATE:

RETURN DATE:

PURPOSE OF THE TRAVEL:

FUNDING SOURCE:

Select Internal, external or both.

Internal (Division Funded)

External (Source of external funding  
explained in provided field)

CONCUR REQUEST ID:

INTERNATIONAL TRAVEL INSURANCE:

### Approval Signatures

Signature approval of traveler:

Date:

I understand that travel may be uncertain, and that I might encounter border closures and other disruptions to international travel that could prevent me from returning home as originally planned.

Signature approval of Division Manager:

Date:

(I verify the division has adequate funds to cover this travel expense)

Signature approval of Division Chief:

Date:

Signature approval of Associate Chair of Administration:

Date: