

Student International Travel Request

** For AP use Only **

Encumbrance No.

E

Section 1 - Purpose

Students authorized to travel internationally on official Rowan University business.

Section 2 - Traveler's Information

Date: _____	Title: _____	Banner ID #: _____
Traveler's Name: _____	Email: _____	Phone #: _____
Mailing Address: _____	City: _____	State: _____ Zip Code: _____
Admin. Asst.: _____	Admin. Asst. Banner ID #: _____	Admin. Asst. Phone: _____
Admin. Asst. Email: _____	Dept. Name: _____	Dept. Building: _____

Section 3 - Destination, Purpose & Requirements

Destination City & Country: _____	Department of State Travel Advisory _____	RISK LEVEL: _____
Conference/Activity Name: _____	Conference/Activity Dates: _____	

 Reason for Travel: _____ [Export Control CITI Training](#) and [International Travel Checklist](#) must be completed.
 (Attach CITI Certificate and Checklist with Travel Request Form).

 If Reason for Travel is "Other", contact eccontrols@rowan.edu to determine if Export Control requirements will be exempt. If exempt, faculty/staff supervising the student(s) will complete the checklist and training.

 I acknowledge that I have read and agree to the policies and procedures of the [International Travel Policy and Guidelines](#).

 Federally funded International Travel: please review [OSP Fly America Act Procedures](#)
Section 4 - Estimated Travel Expenses

 (For more information please visit: [Travel Policy](#))

Date		Items	Description of Estimated Travel (In Detail) <small>(Examples: Airline Name, Hotel name, Conference, Registration, Per Diem)</small>	Estimated Cost
From	To			
		Mileage	Miles @	
Please note: Meals included as a part of the registration fee will be deducted from the per diem payment. Foreign Per Diem Rates: Foreign per diem Rates IRS: Standard Mileage Rates				Estimated Travel Expenses

Section 5 - Traveler Consent (Print and Sign)

Travel Requests must be approved 4 weeks prior to departure.

 I hereby certify that:
 This travel request is an estimate of expenses that will be incurred while travelling on official Rowan University Business. I understand the Department of State Travel Advisory risk level. I acknowledge that I have read and agree to the policies and procedures of the International Travel Policy and Guidelines. I have reviewed the OSP Fly America Act procedures. I have completed the Export Control Programs.

Traveler Signature: _____	Date: _____	Amount Requested: _____
---------------------------	-------------	-------------------------

Section 6 - Accounting Information

Index #	Fund #	Organization #	Account #	Program #	Amount

Account # 7215 is used for mileage expense.

Account # 7216 is used for employee travel and all other travel expenses (example: tolls, parking, registration, hotel and airfare).

Account # 7217 is used for student travel.

Approved Amount to be Encumbered: \$
Section 7 - Appropriate Approvals (Print and Sign)

Department Head: _____	Date: _____	Amount Approved: _____
Division: _____	Date: _____	Amount Approved: _____
Study Abroad Office (Approval is required for students): _____	Date: _____	
Export Control: _____	Date: _____	
Grants: _____	Date: _____	
Accounts Payable: _____	Date: _____	