

TO BE COMPLETED BY TRAVEL SPONSOR Return Completed Form to the Department Chair/Unit Supervisor

Domestic Travel International Travel Travel Sponsor: ______ EMPL ID: _____ Phone: _____ On Campus Contact During Travel______ Phone: _____ Department/Unit:______ Program/Organization:_____ Travel Start Date: _____ Travel End Date: ____ (Any independent student travel prior to or after these dates is not considered part of the DSU program.) Travel Site/Destination: Purpose of Travel: (Attach tentative itinerary including contact person/s, address/es, phone numbers, and e-mail address/es if available.) **Mode of Transportation:** To Site: ______ While at Site: _____ **Travel Expense:** Estimated Cost of Trip: _____ FUND: ____ DEPT:___ **Student Participants:** (Students may be required to provide proof of additional insurance for international travel) Passport # for Last Name First Name **EMPLID International Travel**

Last Name	First Name	EMPLID	Passport # for International Travel
Other Participants incl	uding ancillary faculty	, staff, volunteers, ch	aperones:
If more space is needed, relative information.	attach a complete list of	all students and/or otl	her participants with the
Competent Authority:			
Instructor/Supervisor		Date	
In Case of Emergency (Student Affairs and En Dr. Melanie V. Tucker,	rollment Management		989 (day)
Total Students Total Other Total Days			
Return Completed For	m to the Instructor/Suj	pervisor	

Copy to: VP Student Affairs and Enrollment Management

Facility Operations at time vehicle is checked-out

(Student participant list must be current at time of vehicle pick-up)

Attach a copy to the Travel Expense Voucher for payment upon return.