

## **Foreign Travel Itinerary Registration Form**

**Privacy Notice**: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact esc@tamu.edu or (979) 845-4141.

**INSTRUCTIONS** This form is used to track university administrators, faculty and staff who travel to international destinations on official university business or university sponsored trips. The information disclosed on this form may be used by the university to coordinate assistance services should circumstances require it. Inclusion of personal travel legs, if applicable, is recommended but is not required. Please include any information about driving legs of a trip in the 'Additional Comments' section below. **Use as many forms as needed to record all legs of university business travel, including accommodation arrangements, over the duration of the travel.** The original Foreign Travel Itinerary Registration Form must be submitted to Contract Administration prior to trip departure. A copy of this form should be attached to the request for reimbursement to FMO.

Traveler's Last Name  Phone Number			Trave	Traveler's First Name  Email			Tr	Traveler's UIN		
			Email				Today's Date			
Date of I	Departure fron				Date of Ret	urn to U.	S.A			
Travel Leg #	Date	Departure Airport Code* (3-letter code)	Arriv Airport (3-letter	Code*	Ai	rline Name		Flight #	Total number of People in Travel Party	
*Note: (	Jse the airport	itinerary is attached 's 3-letter code for a	irports (see	http://www	v.world-airport	-codes.c	om/ if you do	not know th	e airport codes)	
l wil	Information Il carry a cell pall times	hone that is operation	onal abroad	with me	Cell phone	number				
The following person will be informed of my								Conta	ıct E-mail	
Name		Relationship		lumber		Location		Address		
Hotel or	r Lodging									
Name			Main Pho	ne#			Alternate C	Contact Phon	e	
Address					City/Country	,			-	
	al Comments:				j onyr o ourna					
		ference Center – If which you will be sta						ed in a differe	ent hotel or	
Facility N	Name									
Address										
	one number			Name	e or group of o	rganizati	on meeting a	at facility		

**Contract Administration** 

MS 1182

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