COLLEGE OF LIBERAL ARTS

DEPARTMENT OF PHILOSOPHY

Travel and Leave Request Form

Name (Last, First)	UIN	
Destination (City, State/Country)	Start Date	End Date
Account, if known (Name/Number)		
Purpose & Benefit:		
Travel Classification (check one) Employee In-State Out-of-State Student** Non-Employee Lecturer Perspective Employee	☐Foreign*	Traveler Type (check one) Faculty with students** Graduate Student Non-Employee Staff with students** Student
Estimated Travel Expenses		
Registration Airfare Rental Car	Lodging	Meals Mileage Incidentals
Traveler Signature*	Date	_
*For foreign travel requests, all travelers must al *For international travel: By signing this form, the Department of State Travel Warnings website (e traveler ackr	nowledges that I have visited the U.S.
Department Head Approval	Date	Amount Approved

Submit signed forms to Kate Massey in YMCA 301D.

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FOREIGN TRAVEL REQUEST FORM

Last Name:	First Name:			
UIN:	Title:			
Email:	Department:			
Trip Start:	Trip End:			
Destination(s):				
Is the travel to a country currently under a Travel Warning	g?			
No Yes If yes, you acknowledge the following	llowing: I have read and understand the conditions and potential risks			
associated with this travel as detailed in the current Travel Warning posted by the U.S. Department of State.				
Purpose & Benefit:				
Are Texas A&M University students traveling with you on	i this trip?			
No Yes If yes, ALL student travel must r	register with the Study Abroad Office.			
Employee Signature	Date			
Unit Head	Date			
College Dean (academic units)	Date			
ONCE FORM IS SIGNED BY ABOVE, PLEASE SEND TO foreigntravel@tamu.edu				
If further approvals are required, please provide a DEPAI	RTMENT CONTACT that the form may be returned to.			
Name	Email			
Phone Number:				
Required Approval for Trav	vel to a Country Under a Travel Warning			
Dr. Micheal Benedik, Dean of Faculties and Associate Pr	rovost Date			
Dr. Karan Watson, Provost and Executive Vice President	t for Academics Date			
Dr. Mark Hussey, Interim President	Date			