

REQUEST FOR INTERNATIONAL TRAVEL

Traveler must complete this form and receive all approvals BEFORE incurring expenses related to the travel request.

Name: _____	Title/Rank: _____
EKU ID: _____	Department: _____
Campus Mailing Address: _____	

Destination: _____ Travel Dates: _____ Purpose of Trip (<i>do not abbreviate</i>): Click or tap here to enter text.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left; background-color: #f2f2f2;">ESTIMATED Expenses</th> </tr> </thead> <tbody> <tr> <td>Travel: Select one</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Lodging:</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Meals:</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Registration:</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other: _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">TOTAL:</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">LIMIT (if any):</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>	ESTIMATED Expenses		Travel: Select one	\$ _____	Lodging:	\$ _____	Meals:	\$ _____	Registration:	\$ _____	Other: _____	\$ _____	TOTAL:	\$ _____	LIMIT (if any):	\$ _____
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*Personal automobile not to exceed coach airfare; provide airfare quote for travel dates. If requesting a rental car, please attach justification.

Group Travel (For group travel, all applicable international travel requests should be submitted together.)

 **Does any portion of the trip include students and/or other faculty/staff?** **Select one.**

IF YES, who is coordinating the group travel? _____

NOTE: For group travel, the travel request must include a memo from the coordinator of the group travel that describes (1) the justification for group travel, (2) the number of ECU faculty/staff requesting to participate, (3) a list of all individuals planning to participate, and (4) the estimated total cost to ECU for the group travel.

Traveler: _____			Date: _____
Supervisor: _____			Date: _____
Financial Manager: _____			Date: _____
	Org. Code: _____	Acct. Code: _____	Amount: \$ _____
Dean/Director: _____			Date: _____
Education Abroad Director: _____ <i>(Travel that includes students should be approved by the Education Abroad Director before going to the Provost.)</i>			Date: _____
Executive VP for Academic Affairs & Provost: _____			Date: _____

Approved requests are forwarded to Accounting and copied to the traveler, the dean/director, and the Executive Director of Public Safety & Risk Management.

Additional Financial Manager(s) (if applicable):			
Signature: _____			Date: _____
	Org. Code: _____	Acct. Code: _____	Amount: \$ _____
Signature: _____			Date: _____
	Org. Code: _____	Acct. Code: _____	Amount: \$ _____