

# Non-Employee International Travel Request

\*\* For AP use Only \*\*

Encumbrance No.

E

**Section 1 - Purpose**

Non-Employees 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 [econtrols@rowan.edu](mailto:econtrols@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) (Examples: Airline Name, Hotel name, Conference, Registration, Per Diem)	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: \_\_\_\_\_  
 Export Control: \_\_\_\_\_ Date: \_\_\_\_\_  
 Accounts Payable: \_\_\_\_\_ Date: \_\_\_\_\_