



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

Encumbrance No.

F

Students authorized to travel internationally on official Rowan University business.

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: _____

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 eccontrols@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](#)

(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

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: _____

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: \$

Department Head: _____	Date: _____	Amount Approved: _____
Division: _____	Date: _____	Amount Approved: _____
Study Abroad Office (Approval is required for students): _____	Date: _____	
Export Control: _____	Date: _____	
Grants: _____	Date: _____	
Accounts Payable: _____	Date: _____	