Rowan University
ACCOUNTS PAYABLE

Student International Travel Request

** For AP use Only **
Encumbrance No.
E

Section 1 - Purpose

Students 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 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 @ 0.760	0.00
			Estimated Travel Expenses	0.00

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**

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: $ 0.00

Section 7 - Appropriate Approvals (Print and Sign)

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 _____