



International Travel Request

Encumbrance No.

E

Section 1 - Purpose

Employees, faculty, staff, students and others authorized to travel internationally on official Rowan University business affiliated with SGA.

Section 2 - Traveler's Information

Date: _____ Position: _____ Student Banner ID #: _____
Traveler's Name: _____ Email: _____ Phone #: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____
SGA Office Admin: Dawn Trout Admin. Banner ID: 915826626 SGA Admin. Phone: 856-256-4544
SGA Admin. Email: sga@rowan.edu Club Name: _____ Dept. Building: Student Center

Section 3 - Destination, Purpose & Requirements

Destination City & Country: _____ [Department of State Travel Advisory](#) RISK LEVEL: _____
Conference/Activity Name: _____ Conference/Activity Dates: _____
Reason for Travel & List of other students/employees on the same mission: _____
I acknowledge that I have read and agree to the policies and procedures of the [International Travel Policy and Guidelines](#).
I have viewed and completed the following Export Control Programs: [Export Control Program](#) and [International Travel Checklist](#).
(Please follow submitting procedures on the travel checklist). Federally funded International Travel: review [OSP Fly America Act Procedures](#)

Section 4 - Estimated Travel Expenses

(For more information please visit: [Travel Policy](#))

Date		Expense Category	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
	90000			30	

*Account # 7215 is used for mileage expenses only; use Account # 7217 for all other student travel expenses. Account # 7216 is used for employee travel. Employee travel **MAY NOT** be paid via ProfLink; employees must submit an Expense report on Concur using the travel Encumbrance number.

Approved Amount to be Encumbered:\$

Section 7 - Appropriate Approvals (Print and Sign)

Student Org. Officer: _____ Date: _____ Amount Approved: _____

Faculty/Staff Advisor: _____ Date: _____

Study Abroad Office: _____ Date: _____

[Export Control](#): _____ Date: _____ ☐ Attach CITI Certificate and Checklist

SGA CFO: _____ Date: _____ Amount Approved: _____

SFCB Advisor: _____ Date: _____

Accounts Payable: _____ Date: _____

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