## TEXAS A&M INTERNATIONAL UNIVERSITY FOREIGN TRAVEL REQUEST

Employee Name:		Travele	er UIN:		
Title:		Work Ph	Work Phone #:		
Department:		Employee			
Funding Account #_					
Funding Account Name:					
	irpose and benefit to TAMIU) Attac		nce information	1.	
or process are the confidence of the confidence	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,	
Are Texas A&M International C	Jniversity students traveling with y	ou on this trip?	Yes	No	
Travel Dates: Departure -		Roturn -			
Travel Destination (s):					
Traver Destination (s).					
			NI -		
	untry currently under a Travel War		No		
C	urrent Travel Warnings can be found at: w	ww.tamus.edu/offices/risk/inte	rnational-travel-risk	-status/	
	is listed as extreme risk, the extreme ris				
	u.edu/adminis/safety/documents/Internat Passage MUST be completed for any fore			e#2111/28 International	
,					
Traveler's Signature:					
	Print Name	Signature		Date	
	Travel App	roved By:			
Supervisor/Dept. Head -				_	
	Print Name	Signature		Date	
<b>D</b>					
Dean	Print Name	Signature		Date	
		3.g		July 1	
Safety/Risk Manager -					
,,	Print Name	Signature		Date	
Export Control Empowered					
Official -					
	Print Name	Signature		Date	
Daniel Annual Color Ma					
Provost/Appropriate VP -	Print Name	Signature		Date	
	· · · · · · · · · · · · · · · · · · ·	organica (		Date	
President -					
_	Print Name	Signature		Date	

Submit completed form at least 30 days prior to departure to Accounts Payable - Travel: KL152, Fax 326-2139, or email accountspayable@tamiu.edu. Questions? Call 956-326-2817.