



University of Nevada, Reno

International Travel Authorization Request

Date

Job Title

Please check the appropriate box:

- Employee/Paid Status (Travel insurance provided through HR)
- Volunteer/Adjunct Faculty (Travel insurance provided through HR)
- Graduate Research/Teaching Assistant (Travel insurance provided through HR)
- Graduate Student (attach travel insurance card)
- Undergraduate Student (attach travel insurance card)
- Other

THIS FORM SHOULD BE ATTACHED TO A SPEND AUTHORIZATION IN WORKDAY WITH DEPARTMENT APPROVAL AT LEAST 30 DAYS PRIOR TO TRAVEL. Requests received fewer than 30 calendar days prior to the date of travel may not have adequate time for review and approval. Travel is not considered approved until you have received an email confirmation from risk management. Please review the international travel policy found in UAM 1,404.

1. TRAVELER AND TRIP INFORMATION

Name:

Department:

Work Phone:

Cell Phone:

Work E-mail:

Personal E-mail:

Dept. Contact:

Dept.contact phone:

Emergency Contact:

Emerg. contact phone:

Departure Date:

Return Date:

Passport Number:

Passport Expiration Date:

Purpose of Trip (Do not use acronyms):

Destination **(include city, country and dates at each location):**

2. SAFETY AND RISK ASSESSMENT

Part A:

Do any of your specific destinations have a Department of State travel advisory level of 3 or 4? Yes No

For current travel advisory levels, visit the [U.S. Department of State Travel Advisory](https://travel.state.gov) website and search your destination(s).

If yes, please see instructions below before continuing. If no, continue to part B and C and complete the form.

Faculty members traveling *without* students: stop filling out this form. Instead fill out the Faculty International Travel Authorization and Risk Assessment Form.

Part B:

Are you a faculty member leading students? Yes No

Are you a student traveling without an accompanying faculty member? Yes No

If yes to either question, please also attach an International Travel Student Safety and Risk Assessment Form

Part C:

According to the [CDC Travel Health website](https://www.cdc.gov/travel), are any of the following recommended or required for your destination(s)?

Yellow fever vaccine Malaria prevention Other vaccine No recommendations/requirements

Are you up to date on your routine vaccines? Have you received the recommended vaccines for your trip?

Yes No Don't know, I need assistance with scheduling a consult with a travel medicine doctor

3. LODGING INFORMATION (OR ATTACH ITINERARY)

Location Name:

Location Phone:

Arrival Date:

Departure Date:

Location Name:

Location Phone:

Arrival Date:

Departure Date:

4. AIRFARE INFORMATION (OR ATTACH ITINERARY)

Departure Date:

Departure Location:

Departure Time:

Arrival Location:

Arrival Time:

Airline/Flight #:

Departure Date:

Departure Location:

Departure Time:

Arrival Location:

Arrival Time:

Airline/Flight #:

5. EXPORT CONTROLS & ECONOMIC SANCTIONS REVIEW

List all NSHE-owned or University-owned equipment, material, and/or technology that you will be taking or shipping:

Is a foreign sponsor paying for any portion of this trip, or reimbursing you for any travel expenses?

Yes No If yes, who is the sponsor?

Is travel being paid for with Federal funds?

Yes No If yes, travel must comply with the Fly America Act (49 U.S.C. 40118).

Sponsored Projects may contact you for additional information. If applicable, export licenses must be obtained prior to departure; allow sufficient time for processing.

6. CONFIRMATION & SIGNATURES

International travel is not considered approved until email confirmation is received from Risk Management.
Send email confirmation to:

Name:

Email:

By signing below I acknowledge my understanding of the following: 1.) Travel is not approved until all required signatures are obtained and the spend authorization has been successfully completed in Workday. 2.) I must submit an expense report in Workday within fifteen (15) days after completion of the trip with remittance of any balance due the university. If no expense report is submitted, I will be liable for the full cost of any travel advance I received, plus any subsequent collection costs, through payroll deductions.

Traveler Signature (Required)

Print Name

Date

Dean or Dept. Chair Signature (Required)

Print Name

Date

Additional Signature (If Required)

Print Name

Date

ONCE SIGNATURES ABOVE ARE OBTAINED, PLEASE SUBMIT THIS FORM AS AN ATTACHMENT TO A SPEND AUTHORIZATION IN WORKDAY.

To be obtained by Risk Management if necessary:

Authorized by Provost (If Required)

Print Name

Date