Walla Walla University
International Travel Request Application
University-sponsored

All individual and group university-sponsored international travel must be cleared with the department chair and/or appropriate administrator and forwarded to the Director of Risk and Safety Management for approval by the Travel Proposal Committee, prior to any advertising, fund raising or making travel arrangements. Requests should be submitted a minimum of two months before the proposed departure date.

Applicant Name: ______________________

E-mail: ________________________________________________________________

Phone: _________________________________________________________________

Sponsoring Department: ______________________

Purpose of Trip: ________________________________________________________

Proposed Departure Date: _____________________

Proposed Return Date: _______________________

Trip Leader(s): ______________________

Email: _________________________________________________________________

City(ies) & Country(ies) (Attach proposed travel itinerary):

________________________________________

________________________________________

________________________________________

Financial Information:

Estimated Funding (obtain signature below as needed):

Source ____________________________ Amount ____________________________

Source ____________________________ Amount ____________________________

Source ____________________________ Amount ____________________________

Total Funding ______________________

Estimated Expenses:

Transportation ______________________

Lodging/Meals _______________________

Travel Insurance* ____________________

Total Expenses ______________________

*Required—contact R&SM for quote.

Will there be any fund raising activity, either individually or organizationally, to pay for this trip? □ Yes □ No

If yes, obtain approval signature below: If yes, how will funds be raised for this trip:

□ Funds raised by individual from personal contacts

□ Funds raised by individual from WWU donors or using WWU resources

□ Funds raised by an organizing group or club

Signature by Advancement (VP or Designee) Date

Have you reviewed and written a detailed response to the current U.S. Department of State Travel Advisory for the proposed country(ies) or area to which you are traveling? □ Yes □ No

(U.S. Department of State reports may be accessed at this link: U.S. Department of State Reports)

Trip Leader is responsible to monitor and follow current U.S. Department of State Travel Advisories and Country Information Reports through return date of travel.

Methods of Transportation (check all that apply):

□ Air □ Bus □ Car or Van □ Other (Specify)_________________________________

Leader(s) are required to read and follow the policies below:

• Walla Walla University Driver and Transportation and Personal Vehicle Use

• Walla Walla University International Travel
Comments or other relevant information:

Application process:

☐ I have read the Walla Walla University Travel and Vehicle Policies and Procedures.

☐ I have attached an alphabetical list of all participants, if known (including family members).

☐ I have reviewed and attached the current U.S. Department of State Travel Advisory for any country(ies) or area on the itinerary (available at U.S. Department of State Reports) and attached my written detailed response to that Advisory.

☐ I have attached the proposed travel itinerary, showing dates, countries and cities.

Submit, with attachments, to the Director of Risk and Safety Management for Travel Proposal Committee review and approval.

Required Signatures:  

<table>
<thead>
<tr>
<th>Department Chair/Director/Administrator*</th>
<th>Date</th>
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<tr>
<th>Applicant</th>
<th>Date</th>
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<tr>
<th>Vice President/Associate Vice President</th>
<th>Date</th>
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*If you are a department chair/director/administrator, please have your immediate supervisor sign.

STOP. Do not write below line—for Travel Proposal Committee use only.

Review of U.S. Department of State Information:

☐ Recommend  ☐ Concerns  

<table>
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<tr>
<th>Director, Risk and Safety Management</th>
<th>Date</th>
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Comments: ____________________________

Financial Plan Approved:

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<tr>
<th>Signature of Controller</th>
<th>Date</th>
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Authorization:

☐ Approved as submitted  ☐ Denied  ☐ Approved with the following stipulations: ____________________________

Travel Proposal Committee

<table>
<thead>
<tr>
<th>VP for Student Life, Chair</th>
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<tbody>
<tr>
<td>Associate VP for Academic Administration</td>
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<tr>
<td>Associate VP for Marketing and Enrollment Services</td>
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<tr>
<td>Director of Campus Security</td>
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<tr>
<td>Director of Risk and Safety Management</td>
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<td>Controller</td>
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<td>Faculty or Staff Representative</td>
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<table>
<thead>
<tr>
<th>Chair, Travel Proposal Committee</th>
<th>Date</th>
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| Or Designee | Date |

Upon approval, the Chair will send a copy to Risk and Safety Management. Risk and Safety Management will notify Applicant, request Travel Checklist follow-up, enter on travel calendar and send copies to the Chair/Director, Accounting and Student Missions (if applicable).