*This form is supplemental to the travel request made to your department and required for travel to a destination that is NOT in the United States or a possession of the United States. This form must be completed if travel to the final destination is through a country that is not in the United States or a possession of the United States. This form should be submitted with supporting documentation (conference program/ brochure) at least 45 days prior to the anticipated date of travel, unless there are extenuating circumstances. One form must be completed per faculty/ staff member; group travel requests and approvals may not be combined. The fully endorsed form will be returned to the traveler.*

**Date of Request:** Enter Date

**Traveler Information:**

Name: Enter the traveler’s name Department: Enter the traveler’s department

**Travel Dates:**

Anticipated Departure: Enter Date Anticipated Return: Enter Date

**Destination:** Enter the cities and countries to be visited

**Transiting Through:** If applicable enter countries transited through

**U.S. Dept. of State (DOS) Travel Status:** ☐ Country has no travel warning listed ☐ Country has a travel warning listed

[*https://travel.state.gov/content/passports/en/alertswarnings.html*](https://travel.state.gov/content/passports/en/alertswarnings.html)

**Purpose of Travel:** State the primary purpose of this trip

**Location Setting:** Conference ☐ Clinical ☐ Other ☐ Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are other TTUHSCEP personnel traveling with you?** Yes ☐ No ☐

If yes, please provide names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are Students Traveling?** Yes ☐ No ☐ If yes, please provide names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Benefit to the University:** Describe benefit to the University

**Estimated Cost: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** *(total cost)*

**Funding Sources (not allowed on state funds):** School/Department ☐ Grant Funded ☐ Host/ Sponsor Organization ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*If TTUHSCEP-funded, list FOP(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_*

**Traveler Certification:**

*I hereby certify that the purpose of this trip is official TTUHSCEP business and is necessary. I further certify that I am aware of any travel advisories issued by the United States Department of State (DOS) regarding warnings against or restriction of travel to this destination, and am aware of the potential risks associated with travel to this destination. I acknowledge that TTUHSCEP retains the right to withdraw approval and/or require return to the U.S per HSCEP OP 79.04. This may occur if there is a change in the health/safety/security of the region of interest. I acknowledge that upon approval I will obtain the mandatory foreign travel and MEDEVAC insurance before traveling. If such insurance is not provided by the host institution/organization, I will purchase it through the Office of Diversity, Inclusion, and Global Health (DIGH). Please email* [*DiversityInclusionGlobalHealth@ttuhsc.edu*](mailto:DiversityInclusionGlobalHealth@ttuhsc.edu)*.for more information. University travel guidelines stipulate that fees for travel insurance are not reimbursable.*

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Signature of Traveler Date

**Approvals:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Not Approved

Department Chair Signature Date ☐ Approved

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Not Approved

Richard A. Lange, MD, MBA Signature Date ☐ Approved

President, TTUHSCEP

Dean, PLFSOM