



COLLEGE OF ARTS AND SCIENCES
UNIVERSITY OF MIAMI
Department of Chemistry

FOREIGN TRAVEL FORM

OFFICE OF RISK MANAGEMENT
MAX OROVITZ BLDG. ROOM #333
LOCATOR CODE: 1437
PHONE NUMBER: 305-284-3163
FAX NUMBER: 305-284-3405

(FOR USE BY ADMINISTRATORS & FACULTY FOR FOREIGN TRAVEL)

DATE _____

PRINT NAME OF TRAVELER: _____

DEPARTMENT of Chemistry AO CLASS*: _____

ACCOUNT NO: _____ ACCOUNT TITLE: _____

DESTINATION : _____

DATES OF TRIP FROM : _____ TO: _____

MODE OF TRANSPORTATION: _____

SPECIFICALLY STATE PURPOSE OF TRIP (IF NECESSARY ATTACH ADDITIONAL SHEET): _____

SIGNATURE OF TRAVELER

SIGNATURE OF CHAIR

SIGNATURE OF
VICE DEAN

*Submit **signed approved** form to Department Manager for department records and submission to the Risk Management Office (fax x8-3405) prior to travel.*

See Foreign Travel Policy on the reverse of this form.

Travel Management web site:

http://www.miami.edu/UMH/CDA/UMH_Main/1,1770,2386-1,8752-3.00html

* AO2 = Faculty; AO1 = Administrator; AO3 = Staff