



COLLEGE OF ARTS AND SCIENCES
UNIVERSITY OF MIAMI

TRAVEL FOR INSURANCE ONLY 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 UNFUNDED
BUSINESS-RELATED DOMESTIC TRAVEL ONLY)***

DATE _____

PRINT NAME OF TRAVELER: _____

DEPARTMENT _____ AO CLASS*: _____

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

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

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