

COLLEGE OF
ARTS & SCIENCES
UNIVERSITY OF MIAMI

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)*

College of Arts and Sciences Fax Number: (305) 284-5637

DATE _____

PRINT NAME OF TRAVELER: _____

DEPARTMENT : _____ 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
OR DESIGNEE

SIGNATURE OF
DEAN OR DESIGNEE

*Submit this form to the Risk Management Office prior to the traveler's trip once approved by the
Chair of the Department and Dean or Designee of the College or School.*

This form can be found:

College of Arts & Sciences web site: <http://www.as.miami.edu/resources/forms>

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