

UNIVERSITY OF MIAMI
DEPARTMENT OF RISK MANAGEMENT
MAX OROVITZ BLDG. SUITE #333
LOCATOR CODE: 1437
PHONE NUMBER: 284-3163
FAX NUMBER: 284-3405

TRAVEL FORM

FOR USE BY ADMINISTRATORS & FACULTY
FOR FOREIGN TRAVEL
(For insurance purposes only)

DATE

PRINT NAME OF TRAVELER (EMPLOYEE): _____

ARE YOU TRAVELING WITH A SPOUSE? YES _____ NO _____

IF YOU ANSWERED YES, PLEASE PRINT NAME OF SPOUSE: _____

ARE YOU TRAVELING WITH ANY DEPENDENTS? YES _____ NO _____

IF YOU ANSWERED YES, HOW MANY DEPENDENTS? _____

PLEASE PRINT NAME(S) OF DEPENDENT(S) _____

DEPARTMENT: _____ Office Number: _____

DESTINATION: _____

DATES OF TRIP FROM: _____ TO: _____

MODE OF TRANSPORTATION: _____

SPECIFICALLY STATE PURPOSE OF TRAVEL:

SIGNATURE OF TRAVELER

SIGNATURE OF DEPT
HEAD/DEAN OR DESIGNEE

**Submit this form to the Risk Management Office prior to the traveler's trip*

This form can be found:

Risk Management web site:

http://www.miami.edu/finance/index.php/risk_management/

Travel Management web site:

http://www.miami.edu/finance/index.php/travel_management/