

**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>*