

Notification of International Travel for Faculty/Staff

New Mexico State University
Accounts Payable – Travel Office

The Notification for International Travel Form should be completed by faculty/staff at least 20 days prior to date of non-personal international travel. The completed forms must be approved by the Dean/VP for the college or unit sponsoring the travel, and forwarded to International Programs at MSC 3567, Garcia Annex RM 246. Any questions, please call International Programs (575) 646-7041

Traveler Information:

Name: _____ Banner ID: _____
DOB: ____/____/____ Citizenship: _____ Gender: ___Male ___Female
Contact Numbers (Cell/Home/Work): _____ / _____ / _____
Email: _____ Emergency Contact Name: _____
Emergency Contact Phone: _____ Emergency Contact Email: _____

Preparer Information:

Name: _____ Department: _____ Prepared Date: _____
Contact Number: _____ Email: _____

If the traveler named above is accompanied by students, the Student International Travel Form must be completed for each student.

Trip Information:

Starting Point: _____ Destination(s): _____
Departure Date and Time: _____ Return Date and Time: _____

A purpose for the non-personal international travel must be entered in the box below. The index, fund, account number and amount should be entered, even if the cost at this point is only an estimate.

Index (FOPAL)	Fund	Account	Amount (\$)

U.S Travel Warning:

Travelers must check the travel advisories available at http://travel.state.gov/travel/cis_pa_tw/cis_pa_tw_1168.html. Advisories include Travel Alerts or Travel Warnings. Please attach a dated copy of the Travel Warning viewed.

If a warning has been issued, traveler is also required to sign the Waiver, Release and Hold Harmless Agreement for each destination for which a travel warning has been issued. The waiver can be accessed at http://www.nmsu.edu/~boffice/forms/C_Waiver.%20Release%20and%20Hold%20Harmless.pdf

_____ Traveler has attached dated copies of warnings issued by the U.S. Department of State
_____ Traveler has attached the Waiver, Release and Hold Harmless Agreement form, **if** any of the traveler's destinations are listed on the Travel Warning List.

Campus Health Center:

It is recommended that faculty and staff preparing to travel abroad make an appointment at the Campus Health Center to seek medical advice pertaining to the traveler's destination. Some vaccinations are a part of a series which require completion for full immunity. A six week travel lead time is recommended.

International Health Insurance:

Faculty and staff members that want to purchase international health insurance, will need to contact International Programs for coverage and rates. International Programs will process the insurance and an email containing policy information and Insurance ID will be sent to the traveler.

_____ Bill to Index # Above; _____ Bill to Credit Card # _____ Exp _____; _____ Payment Attached

Dean/VP Name (Please Print)

Dean/VP Signature Approval

Date

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FOR STUDY ABROAD OFFICE USE ONLY:

Notification Received Date: ____/____/____ Received By: _____

Waiver Needed (Y/N)? _____ Waiver Signed (Y/N)? _____ Date: ____/____/____

Insurance Needed (Y/N)? _____ Insurance Issued (Y/N)? _____ Type: _____

Date Returned to Traveler: ____/____/____ Input DB: _____ Ins Billed: _____

FOR RISK MANAGEMENT OFFICE USE ONLY:

Notification Received Date: ____/____/____ Received By: _____

Auto Insurance Issued (Y/N)? _____ Kidnap and Ransom Coverage Issued (Y/N)? _____

Date Returned to the Office of Study Abroad: ____/____/____