



Foreign Travel Schedule

Complete this form ONLY when there are two or more travelers.

Faculty Name _____ College/Dept _____

Campus Phone (_____) _____ Campus Email _____

Destination City/Cities _____

Destination Country/Countries _____

Group U.S. Departure Date _____

Group U.S. Return Date _____

	U.S. Departure Date (mm/dd/yy)	U.S. Return Date (mm/dd/yy)	Traveler Last Name, First Name	University Affiliation	Age, if under 18 yrs old
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Faculty/Staff = _____

Students = _____

Other = _____

Total Travelers = _____

** If you need space for additional travelers, complete and attach another Foreign Travel Schedule.*

** List the Trip Leader first, then list the additional travelers in alphabetical order by Last Name, First Name.*

** Doublecheck the travel dates before submittal. ERM will use the travel dates on this form to purchase FTIP.*

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Enterprise Risk Management

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