

Western New England University
INTERNATIONAL TRAVEL FORM

The purpose of this form is to ensure that necessary information is provided to our insurance company for international travel.

Complete and send electronically to Procurement Buyer, VP of Finance, General Counsel, Budget Office and Bursar's Office.

Please attach this form to the purchase order requisition and forward it to Procurement Services.
NOTE: No requisition for international travel will be processed without this form being completed.

Foreign Travel Destination(s): _____

Department(s): _____ Program Director: _____

Date of Departure: _____ Date of Return: _____

Purpose of Trip: _____

Sponsored by: _____

Airline: _____ Number of tickets to be purchased: _____

Requisition Number: _____ GL Number: _____

Names of Individuals Traveling and Relationship to University (Faculty, Staff or Student):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Note: If you have additional names, please attach a list.

