Complete this form when traveling abroad on 1) university business; or 2) when transporting university-owned equipment or data during personal travel (attach additional pages if necessary).

		Facu	lty/Staff Information:							
Name										
Fi	rst	MI	Last							
Travel Information:										
Date you will begin travel				Date of return						
Did you u	se a travel agen	t? Y 🔲 N 🗌	If yes,	If yes, please complete the following:						
Name of A	Agency									
Phone nu	mber (Ag)-5.993	3 (enc)-4.007 (y)]T	J ET Q q 0 0 612 792	588 Tf 36 50 n BT /T10) n3r q 0 [(((y)]TJ I	ET Q q 0 (
events/spe	akers/activities.		red, universities/colleg	ges, and companies/ent lations.	ities,					
Date	Country	City	University/Compar	ny/ Speaker/Activity	Accommodation	S				

Health and Safety Information:

Emergency contact information (Do not list speneser other family ist members

Checklist of International Travel with University Owned Equipment

University Owned Items/Equipment (attach additional sheets if necessary):

Item Description	Brand	Model	Serial #	WCU Green Tag

University Owned Sensitive or Technical Data

Approval for Travel

Supervisor Approval:						
Immediate Supervisor	printed name	signature	date			
Dean/Vice Chancellor	printed name	signature	date			
Visual Compliance Appro	oval:					
Visual Compliance met	Compliance met Visual Compliance Staff Member		date			
Provost Approval:						
Travel fully approved						
Travel approved with cond	lition: Approved to return to cam	npus after self-quarantine period	days to self- quarantine			
Travel Denied	Reason for denial:					
Provost Signature		date				