

OFFICE OF RISK MANAGEMENT
MAX OROVITZ BLDG. ROOM #333
LOCATOR CODE: 1437
PHONE NUMBER: 284-3163
FAX NUMBER: 284-3405

TRAVEL FORM

FOR USE BY ADMINISTRATORS & FACULTY
(For insurance purposes only)

DATE

PRINT NAME OF TRAVELER: _____

DEPARTMENT: _____ AO CLASS: _____

DESTINATION: _____

DATES OF TRIP: FROM: _____ TO: _____

MODE OF TRANSPORTATION: _____

PURPOSE OF TRIP: _____

SIGNATURE OF TRAVELER

SIGNATURE OF DEPT. HEAD

**Submit this form to the Risk Management Office prior to the traveler's trip*

SIGNATURE OF DEAN, CoE