

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.

