

STUDENT/TEAM/GROUP TRAVEL/OFF-CAMPUS ACTIVITY CHECKLIST - EXHIBIT B14-A

RESPONSIBLE UNIVERSITY OFFICIAL/SPONSOR (RUO): _____

RUO'S SUPERVISOR: _____

REQUIRED PAPERWORK: Instructions - Your checkmark below, or NA for not applicable to this trip, indicates you will comply with the required procedure. Visit website address below for electronic forms and policies.

- Have reviewed most recent Administrative Policies and Procedures, B2-170.0 at http://www.utdallas.edu/BusinessAffairs/Travel_Risk_Activities.htm
- IF NON-FOREIGN TRAVEL: Obtain Release & Indemnity Agreement (Exhibit B4/B4-A). Provide name of Custodian: _____ or,
 Not Applicable (N/A)
- IF TRAVEL TO FOREIGN COUNTRY: Obtain Foreign Travel Indemnification Form (Exhibit B4-D/B4-E). Provide name of Custodian: _____ or,
 Not Applicable (N/A)

NOTE: Students should be notified before the last day to drop a class regarding the passport information the Sponsor will require for this foreign trip.

- Obtain Medical Information & Release Form (Exhibit B4-C/B4-B). Provide name of person traveling with students who will have copies of the confidential medical information forms: _____

DO NOT attach the Medical Information Release Forms and Release & Indemnity Agreements to the Checklist. These forms must be securely retained within the academic unit by the Custodian.

- Obtain Student/Team/Group Travel Authorization Form (Exhibit B14)
Original Checklist and original Student/Team/Group Travel Authorization Form (Exhibit B14) forwarded to Procurement Management **OR, for Foreign Travel, to the Office of VP for Business Affairs for approval by the President, or the President's designee.** Copies of signed Authorization and Checklist to Sponsor by VP for Business Affairs Office.
- Sponsor provides a copy of Student/Team/Group Travel Authorization Form (Exhibit B14) to Chief of Police (also provides a copy to the Dean of Students for trips sponsored by Student Affairs)
- Credit cards or cash advance to be issued to (print name): _____ or,
 Not Applicable (N/A)
- Course(s) related to this travel, if any:
(prefix, number, section, title, and date of travel) _____
_____ or,
 Not Applicable (N/A)

Complete the items below only if mode of transportation is by motor vehicle. Your checkmark below indicates the Sponsor will:

- Provide copy of Guidelines for Emergency Procedures for each motor vehicle
 - Investigate need for medical insurance for overnight travel (1-800-237-0903, ext. 6244)
 - Verify driver authorization by UTD Safety Office prior to departure
 - Verify proof of insurance in vehicle and Inspection Certification affixed prior to departure
 - Provide for a cellular phone, if needed. Number: _____
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SIGNATURE OF AUTHORIZED SPONSOR (RUO): _____