

**STUDENT/TEAM/GROUP DOMESTIC TRAVEL AUTHORIZATION**

This form is required to request advance approval of travel in, to, or from any destination within the United States, including Puerto Rico.

**Part 1 – To be completed by Responsible University Official (RUO)/Authorized Sponsor:**

Group / Student's Name: \_\_\_\_\_

Sponsor: \_\_\_\_\_ Emergency Phone No.: \_\_\_\_\_

School/Department: \_\_\_\_\_

Travel Dates: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_

Destination(s): State \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ City \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_

Name of Driver(s), if using motor vehicle(s): *(NOTE: Must be approved by Environmental Health and Safety prior to departure).* \_\_\_\_\_

Please visit the Department of Environmental Health and Safety's website at <http://www.utdallas.edu/ehs/occupgeneralsafety/> for further information.

Name of Hotel: \_\_\_\_\_ Location: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name(s) of Faculty and/or Staff Traveling with Students and/or Members of the Public: \_\_\_\_\_

Approximate Group Cost - Transportation \_\_\_\_\_ Lodging \_\_\_\_\_ Meals \_\_\_\_\_ Other \_\_\_\_\_

**By signing below, I affirm the *Student/Team/Group Domestic Travel/Off-Campus Activity Checklist* has been completed and all applicable University procedures related to student and state employee travel will be followed.**

RUO/Sponsor: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Date)

Account #: \_\_\_\_\_

Employee with Signature Authority: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Print Name)

**\*\*\* NOTE: COMPLETE PARTICIPANT ROSTER ON PAGE 2 IF MORE THAN ONE PARTICIPANT \*\*\***

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**RUO/Sponsor provides copy of B14-D (including checklist) to Police Department.**

Please contact The Travel Team (972) 883-2300 with any travel-related questions.

### PARTICIPANT ROSTER

NO.	NAME	TITLE / AFFILIATION
1.		
2.		
3.		
4.		
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24.		
25.		

(attach separate sheet, if necessary)

## STUDENT/TEAM/GROUP DOMESTIC TRAVEL/OFF-CAMPUS ACTIVITY CHECKLIST

Responsible University Official (RUO)/Sponsor: \_\_\_\_\_

RUO's Supervisor: \_\_\_\_\_

**Instructions: Your checkmark below indicates you agree to comply with required procedure. Visit the website below for electronic forms and policies.**

Have reviewed current *Administrative Policies and Procedures*, B2-170.0 at [http://www.utdallas.edu/utdgeneral/business/admin\\_manual/pdf/travel-and-risk-related-activities-policy-4-29-11.pdf](http://www.utdallas.edu/utdgeneral/business/admin_manual/pdf/travel-and-risk-related-activities-policy-4-29-11.pdf)

Obtain *Release & Indemnification Agreement for minor and adult participants*, as appropriate (Exhibit B4/B4-A).  
Name of Custodian: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Obtain *Medical Information & Release Form* for minor and adult participants, as appropriate (Exhibit B4-C / B4-B).  
Name of person traveling with student(s) responsible for carrying copies of confidential medical information forms:  
or N/A  \_\_\_\_\_

**Do NOT attach Medical Information Release Forms and Indemnification Agreements to Checklist.**

Said forms must be securely retained with Custodian of the sponsoring student affairs or academic unit.

Obtain Student/Team/Group Domestic Travel Authorization Form (Exhibit B14-D).

RUO/Sponsor provides a copy of the Student/Team/Group Domestic Travel Authorization Form (Exhibit B14-D) to Chief of Police.

***If trip is sponsored by Student Affairs, RUO/Sponsor provides a copy of Exhibit B14-D to Dean of Students. If trip is sponsored by an academic unit, RUO/Sponsor provides a copy of Exhibit B14-D to the Office of the Provost.***

Obtain Criminal Background Check(s) on all persons traveling with students.

Issue credit cards or cash advance to (print name): \_\_\_\_\_, or N/A

Courses related to this travel, if any: \_\_\_\_\_, or N/A   
(prefix, number, section, title)

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### **TRANSPORTATION:**

**Complete the items below ONLY if mode of transportation is by motor vehicle. Your checkmark below indicates the RUO/Sponsor will be responsible for the following:**

Provide copy of guidelines for Emergency Procedures for each motor vehicle. [Emergency Procedures Guidelines](#)

Investigate need for medical insurance for overnight travel (1-800-237-0903, ext. 6244) and confirm that all participants are covered.

Verify driver authorization by UTD's Environmental Health & Safety Office prior to departure. ***It is important to note that non-UTD employees, including students, are not permitted to operate university-owned or university-rented vehicles.***

Verify proof of insurance in vehicle and Inspection Certification affixed prior to departure.

Provide for a cellular phone, if needed. Cell phone number: \_\_\_\_\_

Responsible University Official (RUO) / Authorized Sponsor: \_\_\_\_\_  
(Signature) (Print Name)

(Date) \_\_\_\_\_