



Form C – International Travel Approval Form

Rutgers faculty, students, staff, post-doctoral fellows, and administrators who determine a need to resume research or engage in academic or non-academic activity that requires international travel must answer the following questions. For Group Travel, (more than one person, all following the same itinerary), the responsible party completes this form, including the Group Travel Listing on Page 5. Group travelers must each sign and date a . For Questions 2, 4, 5, and 6, provide explanations as space permits, adding additional details on Page 4, if necessary, and attaching any further documentation that will assist the reviewers in making an informed decision.

1. Identify your Rutgers affiliation:

- Undergraduate
- Graduate
- Post-Doc
- Faculty
- Staff
- Administrator
- Group

Other, please describe:

2. Is the primary purpose of travel to conduct activities that are time-critical, cannot be delayed without serious disruption to degree/career advancement or funded contracts, and cannot be performed remotely or by alternative personnel at the off-campus location? If yes, please explain.

Yes No Explanation:

3. Has funding been allocated, either internally or externally, for this travel? If yes, please provide source of funding and estimated total travel amount that is to be funded through Rutgers for this travel.

Yes No Funding Source: Estimated Travel Amount:

4. Review the levels of risk according to the _____ and the respective country or state’s travel advisory list. See also the _____. Can these levels of risk be managed by the Traveler? Details the risks, and explain how they will be managed.

Yes No Explanation:

5. Does the activity and planned travel follow all COVID-19 laws, regulations, and protocols established by the Traveler’s home and destination countries or state? Explain as appropriate.

Yes No Explanation:

6. Can the six Safety First Principles referred to in the _____ be adhered to in the course of the research/academic activity and planned travel?

Yes No Explanation:

If the answers to questions 2-6 are “Yes” and an explanation/justification has been provided for questions 2, 4, 5, and 6, then complete the prompts for the remainder of this form to the best of your ability. The Traveler and Requestor (person submitting this form other than the Traveler) will receive an email from the “Travel Authorization” mailbox with the review outcome. Further details are available at the Travel Guidance webpage found at

Traveler and Requestor Information:

Traveler Name: _____
 Traveler NetID: _____
 Traveler Cell Phone: _____
 Traveler Email: _____
 Rutgers Address: _____

Rutgers Department: _____
 Chancellor Unit: _____
 Requestor Name: _____
 Requestor Email: _____
 Travel Dates: _____ to _____

COVID-19 Vaccination Status:

I will be fully vaccinated by the date of travel: Yes No Prefer Not Answer
 Booster received or scheduled: Yes No

Purpose
Of
Travel:

For Business Office Use Only:

General
Ledger String

Unit (3-digit)	Division (4-digit)	Organization (4-digit)	Location (4-digit)	Fund Type (3-digit)	Business Line (4-digit)	Activity (4-digit)	Account (5-digit)

Project String

Project (6-digit)	Task (3-digit)	Project Name	RU Initiative (6-digit)*

*Optional

Funding Through Rutgers Not Required ____

Type of Travel

<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Candidate
<input type="checkbox"/> Speaker	<input type="checkbox"/> Student	<input type="checkbox"/> Conference (Outside Rutgers)
<input type="checkbox"/> Consultant	<input type="checkbox"/> Other	<input type="checkbox"/> Group - List all travelers and group contact

Group Contact Person Name and Email Address:
(Complete Group List on Page 5)

Trip Itinerary

(Include all legs of travel,
Outbound and Inbound)

- Domestic
 International

Mode of Travel	Estimated Cost	Departure Date	Departure City	Arrival Date	Arrival City

Please add any additional legs of travel in the boxes on Page 4 of this form.

**To aid reviewers, please attach any additional documentation that can assist them in making an informed decision ____*

If this International Travel Approval Form is fully approved, University Travel will contact the Traveler and Requestor (person submitting this form other than Traveler) with further instructions and will send the approved form to the Rutgers-approved travel agency for travel booking assistance. International travel must be registered through ____ . Following the completion of travel, the final approved form must be attached to the submitted travel/expense report.

Travel Requirements Representation Related to COVID-19

(Group travelers must each sign and date a _____)

I, _____, am aware that due to health and safety concerns caused by the Coronavirus 2019 (COVID-19), many international, federal, state, and local governments have implemented quarantine guidelines and other COVID-19 containment requirements for international and domestic travelers. While traveling and upon my return, I hereby agree to comply with all international, federal, state, local, and University requirements and guidance relating to COVID-19. Further, I understand and agree that travel during a pandemic involves a risk of contracting COVID-19, or some other virus or sickness.

By engaging in this travel, I acknowledge and accept these risks. By signing this form, I affirm that the travel request addresses the questions on Page 1 completely and thoroughly, the travel request meets the criteria of being essential and location-specific, and understand that approval of travel may be changed as a result of new COVID-19 information.

Signature: _____

Name: _____

Date: _____

Approval or Denial of Travel Request

1) Traveler/Requestor

Signature: _____

Name: _____

Title: _____

Date: _____

2) Business Office

Signature: _____

Name: _____

Title: _____

Date: _____

3) TAG Representative

Signature: _____

Name: _____

Title: _____

Date: _____

4) Academic or Administrative Approver (Dean, Director, SVP, or EVP)

Signature: _____

Name: _____

Title: _____

Date: _____

Travel Advisory Comments:

Questions? Please contact travelauth@rutgers.edu

Additional Details for Questions on Page 1

Additional Legs of Travel

Means of Travel	Estimated Cost	Departure Date	Departure City	Arrival Date	Arrival City

Group Travel Listing

#	Traveler Name	Traveler NetID	Traveler Cell Phone	Traveler Email Address	Vax Status	Waiver Form
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