

University-Related Travel Pre-Approval Form

Instructions:

- Complete the following form and submit it to your immediate supervisor for approval. The form is then to be routed to your cognizant Vice Chancellor/Dean for approval. Then sent to evcapprovals@ucr.edu for final approval by the Provost prior to your travel date. (Note: To ensure approval is received request approval at least three weeks in advance of trip.)
 - The traveler must ensure that this signed form is attached to the travel reimbursement request submitted in iTravel.
-
-

Objective:

1. To inform Provost and Leadership about University-Related Travel (in accordance with [Interim Policy 900-25](#)).
2. When appropriate, to enable the Provost's Office to work with the traveler to mitigate risk and ensure appropriate registration in advance of travel.

Requirements:

1. Approval from immediate supervisor, cognizant Dean or Vice Chancellor, and Provost must be obtained prior to departure.
 2. The traveler must ensure that bookings are done through [Connexus](#) or registered manually via [UC Away](#).
 3. Travelers must familiarize themselves with health and safety notices of their travel destination as well as abide by entry and exit requirement of the destination.
-
-

Definitions:

University-Related Travel: travel by covered individuals (a) in which any UCR funding source is being used to support the travel or there will be a reimbursement request for the travel or (b) on University business or University-related activities, such as research, internships, education abroad programs, service, conferences, presentations, teaching, performances, and/or athletic competitions. Travel to UCR-owned or controlled properties is exempt from this definition.

Essential Travel: University-Related Travel deemed necessary for university business that has received written approval (*via this pre-approval form*) from within the cognizant organization/unit up to the Vice Chancellor or Dean and the Provost.

Are you completing this form on behalf of someone else? YES NO

If yes, please enter your name: _____

Traveler Information

Traveler's Name: _____ Title/Position: _____

Department: _____ UCR Email Address: _____

Campus Phone Number: _____ Mobile number during travel: _____

Description of Travel

Departure Date: _____ Return Date: _____

Destination(s): _____

University Business Purpose of Travel:

Please describe why this travel is essential:

Please describe the steps that are being taken to mitigate risk during travel:

Enter the name(s) of anyone who will accompany you: _____

Are you leading a group to a [High Risk Travel](#) destination? YES NO

If yes, please check the box that have you obtained signed acknowledgement from each individual in the group

Emergency Contact: _____ Emergency Contact Phone Number: _____

If you are traveling internationally, please confirm the following requirements:

- You have registered with the U.S. Department of State
- You ensure that all UC-owned devices or property are being used to conduct UCR business only, will be returned to the University, will be under your effective control while traveling, and you will take security precautions to protect against unauthorized release of the technology

Requestor Name _____

Signature _____ Date: _____

Supervisor Name _____ Approval: YES NO

Signature _____ Date: _____

Vice Chancellor or Dean _____ Approval: YES NO

Signature _____ Date: _____

Provost and Executive Vice Chancellor _____ Approval: YES NO

Signature _____ Date: _____
