THE UNIVERSITY OF ARIZONA
Mel & Enid Zuckerman
College of Public Health
Department of Epidemiology & Biostatistics

Pre-Travel Form

All business travel must be approved by the Department Chair or supervisor *prior* to the start of the trip. This applies whether or not you will be reimbursed for expenses from the University of Arizona or other outside sources. ***Faculty***: Complete this worksheet and submit documents to COPH-EBTravel@email.arizona.edu. ***Students***: Complete this worksheet, Travel Authorization Form (TA), including supervisor's signature, and submit to the COPH finance office: amaniscalco@email.arizona.edu. **All domestic business travel must be submitted 2 weeks prior and international business travel 4 weeks prior to travel.**

Traveler's Name: Employee ID #

Emergency Contact Name/Phone #:

Funding source/account # Travel Advance: ☐ yes no ☐

International Travel: https://ua-risk.terradotta.com/ **Registry #**

Departure: Date City/State/Country

Return: Date City/State/Country

Transportation type: ☐ Air ☐ UA Motor Pool ☐ Personal Vehicle

Designated Lodging* if no, will you be staying with friends/family ☐ yes no ☐

Personal travel included in this trip** Dates of personal time:

If yes, proof of designated lodging from conference website and program agenda is required

*****Faculty: if yes, please complete/submit an Absence Request Form***

Detailed business purpose for trip

Explain how your responsibilities will be covered during your absence

Date received by travel staff

☐ Approved ☐ Not Approved

Comments:

Department Chair/Supervisor's Signature: Date: