Oklahoma City Community College
International Travel Authorization

Name of Traveler:		
Title:		
Department:		
Name of Department Head/Division Dean:		
President's Cabinet Member:		
Traveler Employee ID Number:		
Traveler Work Phone:		
Traveler Home Phone Number:		
Traveler Cell Phone:		
Traveler e-mail:		
Purpose of travel:		
1.	Will you be accompanied by students on this travel?	NO___ YES___ please attach roster of students
2.	Will you be accompanied by any person(s) other than students?	NO___ YES___, please attach roster of other participants
3.	List country(ies) to be visited	
4.	Time and date of travel	Begins Ends

Complete and submit this form to your department head/division dean for processing. The department head/division dean will send the form to their President's Cabinet Member for approval who will forward to Risk Management.
ALL APPROVAL SIGNATURES MUST BE OBTAINED BEFORE TRAVEL.

I have reviewed the OCCC's International Travel Procedure and understand the responsibilities of participating in international travel.

_____ _____
Traveler Signature Date

Approvals:

_____ _____
Department Head/Division Dean Date

_____ _____
President's Cabinet Member Date

_____ _____
Office of Risk Management Date