

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 Risk Management prior to departure).*

Please visit Risk Management's webpage for more information:

<https://www.utdallas.edu/legal/risk-insurance/motor-vehicle-record/>

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

RUO/Sponsor provides copy of B14-D (including checklist) to Police Department and to Dr. Abby Kratz, Office of the Provost, AD2.228

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

PARTICIPANT ROSTER

NO.	NAME	TITLE / AFFILIATION
1.		
2.		
3.		
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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.

- ☐ 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

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 with Risk Management 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) _____