

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

(prefix, number, section, title)

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) _____