

SOUTHERN ADVENTIST UNIVERSITY

Request for Travel Abroad, Policy 4150

1. Name of Applicant _____ Date _____
2. On-campus responsibilities: _____ Department _____
3. Amount requested: \$ _____
4. How will your campus responsibilities be covered while you are gone?

5. Full-time service at Southern Adventist University since: _____
6. Description of foreign travel plans: place, date, activities

7. How will your travel plans assist you in receiving educational enrichment and as a result, help you contribute more effectively to the total educational program at Southern Adventist University?

Signature of Applicant

Date

Signature of Supervisor

Date

Signature of Vice President

Date

Note: TRAVEL ABROAD ALLOWANCE IS TAXABLE

OFFICE USE ONLY

- | | |
|--------------------------|----------|
| A. Dollars Accumulated | \$ _____ |
| B. Dollars for next year | \$ _____ |
| C. Total Allowance | \$ _____ |

Human Resources Office Approval

Date

Accounting Office

Date Paid