

**KETTERING UNIVERSITY
INTERNATIONAL TRAVEL**

Employee Name: _____

Departure Date: _____ Return to Work Date: _____

Destination: _____

Business Purpose: _____

Travel arrangements for:

Airplane Yes No

Car Yes No

Other, please indicate: _____

Will any part of this trip be recorded as vacation?

No Yes, from _____ through _____

If yes, please contact the Benefits Office to assure that your personal insurance coverage will extend in the event of a non-work related claim.

Forward this form with your itinerary to the Risk Management Department , 5-941CC.

APPROVALS

Supervisor: _____ Date: _____

Vice President: _____ Date: _____

Questions? Contact the Risk Management Department, 5-941CC, or phone 762-9892