

TRAVEL AUTHORIZATION REQUEST

To be filled in by applicant

NAME:

EMPLOYING ORGANIZATION:

COUNTRIES TO BE VISITED:

DATE OF DEPARTURE:

DATE OF RETURN:

I fully understand that it is my responsibility to provide Travel Insurance for my trip. Therefore:

I have purchased Travel Accident and Emergency Health Insurance for my trip and a copy of the policy is enclosed.

Please arrange Insurance Coverage for my trip and arrange for deduction of the premium.

Should there arise a need to get in touch with me while I am away, I can be reached at the following address:

ADDRESS:

TELEPHONE:

SIGNATURE:

Request Approved: Yes No

Supervisor

To be filled in the local conference treasurer – before committee action:

This individual is a worker and is covered by adequate Travel Accident and Emergency Health Insurance

This individual is not a worker with adequate Travel Accident and Emergency Health Insurance, but has satisfied me that he/she secured adequate Travel Accident and Emergency Health Insurance.

Treasurer

Date

To be filled in the local conference secretary.

Request Approved: Yes No

Date of Committee Action:

Secretary

Date