



SANTA FE INSTITUTE
TRAVEL AUTHORIZATION FORM

Please complete and return this form to:

Name		Supervisor	
Travel Dates			
Destination(s)			
Type of Trip			
<input type="checkbox"/> SFI Workshop/School <input type="checkbox"/> Professional meeting/workshop <input type="checkbox"/> Pleasure trip or vacation		<input type="checkbox"/> Consulting <input type="checkbox"/> Collaborative Research <input type="checkbox"/> Other:	
Estimated Expenses		SFI Support	Other Support
Air travel		_____	_____
Local ground transportation		_____	_____
Rental Car		_____	_____
Accommodations		_____	_____
Per diem		_____	_____
Registration fees		_____	_____
Visa Expense		_____	_____
TOTAL		_____	_____
If supported by SFI, please provide the grant or program to be charged:			
SFI Employees/Contractors			
<input type="checkbox"/> I request that I be paid my regular SFI salary/stipend during this travel time. <input type="checkbox"/> I request vacation leave or, if I do not have sufficient vacation leave, a leave without pay. I understand that SFI employees cannot consult on SFI-paid time so, if I receive a consulting fee or honorarium for this trip, I must use vacation leave.			
Visa and Passport			
<i>All International Travelers</i>			
<input type="checkbox"/> I have a current passport, and it is valid for at least six months beyond my return date. <input type="checkbox"/> I have secured the appropriate visa for the country(ies) that I will be visiting. <input type="checkbox"/> I need information regarding the appropriate visa for my trip.			
<i>Foreign Nationals Visiting SFI</i>			
<input type="checkbox"/> I have a current B1/B2 visa which allows me multiple entries to the U.S. <input type="checkbox"/> I have a J-1 sponsored by SFI and understand that I must see one of the SFI Responsible Officers for authorization before leaving the U.S. I also understand that, if I have an in-country extension, I will need to return to my home country to renew my visa before returning to SFI. <input type="checkbox"/> I have a non-SFI sponsored visa and I will contact my sponsor about this travel.			
Medical Insurance During Travel			
<input type="checkbox"/> I am an SFI employee covered by the SFI group medical plan. I understand that any medical care outside of the U.S. will be covered, under the out-of-network benefits. <input type="checkbox"/> I am an employee of another institution and I am covered by their medical insurance. Institution: Insurance Company: Policy Number: <input type="checkbox"/> I have purchased travel insurance for this trip (receipt attached).			
FOR SFI USE			
Supervisor's Approval		VPAA's Approval	
Date		Date	
Account to be charged		Resp. Ofc.	Other Approval
		Date	Date