

**Texas Tech University Health Sciences Center
Foreign Travel | Pre-Approval Form**

As required by TTUHSC OP 79.04

Date: _____

Name of traveler: _____

Department: _____

Destination city: _____ **Destination country:** _____

Departure date: _____ **Return date:** _____

Funding source*: _____ **Estimated Cost:** _____

**Not allowed on state appropriated funds.*

Purpose:

Check if travel will include work in a clinical setting**

Check if you will be accompanied by TTUHSC students

Justification / Benefit:

Approvals:

			<input type="checkbox"/> Not Approved
_____	_____	_____	<input type="checkbox"/> Approved
1st Level Approver / Dept. Head / Reg. Dean	Signature	Date	
_____	_____	_____	<input type="checkbox"/> Not Approved
_____	_____	_____	<input type="checkbox"/> Approved
2nd Level Approver / Dept. Chair / A.V.P. / Dean	Signature	Date	
_____	_____	_____	<input type="checkbox"/> Not Approved
Tedd L. Mitchell, MD	_____	_____	<input type="checkbox"/> Approved
President	Signature	Date	

**Before departing, the traveler must contact the Office of Global Health regarding exposure management procedures while abroad. In the event of an exposure to blood borne pathogens while abroad, any costs for post-exposure treatment, including lab testing and antiviral medications, will be the responsibility of the department/school to which the employee is assigned.