

101 Vera King Farris Drive | Galloway NJ 08205-9441 stockton.edu

International Traveler Checklist

| Name: | Z#: |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| | For University participants only |
| Department: | |
| ☐ Dean/Director Permission to Travel | |
| ☐ Verified <i>International Travel Verific</i> | ation Form |
| ☐ Completed <i>Emergency Treatment Co Form</i> | ontact and Permission |
| ☐ Copy of Passport face page (optional, | but highly recommended) |
| ☐ Signed Heightened Risk Waiver (if ap | oplicable) |
| ☐ Completed <i>Justification Form</i> (if app | licable) |
| ☐ <i>Traveler Letter</i> from OGE approving | g the travel |
| ☐ ARTV form and Approval of Attend | ance Form, if applicable |
| ☐ Itinerary – Airline information | |
| ☐ Itinerary – Hotel Information | |
| Any additional backup such as conferelevant material | erence information, or other |
| Note: Emergency Treatment Contact and Permission page are on file with Office of Risk Management | Form, and Copy of Passport face |
| As the Traveler, or the Budget Unit Clerk for the above reviewed the attached file and verify that all documents with the procedures, including the budget calculations a | are true and complete in accordance |
| | Dated |