



**International Travel Risk Acknowledgment**

**Travel to Destinations Included on the System Travel Risk Status Update**

*This form does not serve as a blanket for all activities, and must be submitted with each instance of request or certification. Additionally, this form is required when requesting travel to extreme risk areas denoted on the System Travel Risk Status Update.*

**Selection and routing based on traveler ADLOC:**  College  AgriLife Extension  AgriLife Research  TVMDL

Traveler:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department or Unit

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
Travel Location(s)

\_\_\_\_\_  
Travel Dates

\_\_\_\_\_  
Concur Authorization Request Number

**Please describe the background associated with this project/travel:**

[Empty text box for background description]

**Why is this travel vital to the mission of AgriLife:**

[Empty text box for mission justification]

**What safety protocols and/or recommended safety protocols (provided by the security assessment) associated with this travel have been put in place?**

**\*Please notify AgriLife Risk and Compliance of any changes to your travel plans.**

I have read the risk assessment associated with the above referenced travel provided by the Texas A&M University System Office of Risk Management, and I acknowledge my understanding and acceptance of the risks associated with this travel. I understand that I am not required to go on this trip at this time, and I should abandon the trip if I feel the danger is imminent.

\_\_\_\_\_  
*Traveler Signature* \_\_\_\_\_  
*Date*

**Funding Source:**  College  AgriLife Extension  AgriLife Research  TVMDL

\_\_\_\_\_  
*Account Name* \_\_\_\_\_  
*Account Number*

\_\_\_\_\_  
*Unit Funding Source Authorization* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Unit Head Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Acknowledged By (Assistant Vice Chancellor for Administrative Services or Designee)* \_\_\_\_\_  
*Date*  
*\*Administrative acknowledgment that the approval process for Texas A&M University/Texas A&M AgriLife has been adhered to.*

\_\_\_\_\_  
*Approved By (Dean, Director, or Designee)* \_\_\_\_\_  
*Date*

<b>Disapproved Travel</b>	
<b>Reason for disapproval:</b>	
_____ <i>Disapproved By (Dean, Director, or Designee)</i>	_____ <i>Date</i>