

**INTENT TO TRAVEL FORM

(OVERSEAS TRAVEL)**

**This Intent to Travel Form MUST be completed for each overseas visit**

This form is the only means of approval for an overseas visit and **MUST** be completed and returned to the Finance Office in order that the University can provide:

* **Insurance Cover**
* **Advance of Expenses**

Please ensure that you give at least **10 working days’** notice of your requirement

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| **PART A** – NOTES TO STAFF/STUDENTS* As an employee/student of the University you are covered by the University’s insurance for authorised University business travel.
* You **must** seek approval from your Head of School/Department **in advance of your planned visit and before booking any travel tickets or accommodation**.
* You **must** read and understand your responsibilities as detailed in the University Overseas Travel Guidance available at: <http://www.bolton.ac.uk/HumanResources/A-to-Z/Home.aspx>
* You **must** review the information/advice on the Foreign and Commonwealth Office (FCO) website and read the relevant travel advice and **attach a hardcopy to this form**. ([www.fco.gov.uk](http://www.fco.gov.uk))
* For student field trips or group travel, the nominated team leader **must** complete this form and have the travel approved on behalf of the group.
* If you are extending your visit for non-University business activities, you **must** take out private travel insurance to cover this extension. The University’s travel insurance does **not** cover any private travel that you have arranged in conjunction with official University business travel. The University will not be liable for any claims, losses or expenses incurred as a result of private travel arrangements.
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| **PART B –** TRAVELLER AND TRAVEL DETAILSName: ………………………………………. School/Department: …………………………………..Telephone Ext.: …………………. Mobile telephone number: ……………………………Name of Next of Kin: ……………………… Next of Kin telephone number: ………………………..Purpose of Travel:………………………………………………………………………………………………………………..Destination: (*country/city*)………………… Institution(s) visiting: …………………………………Have you visited this country before? YES/NO (*circle as applicable*)Name(s) of other University staff travelling (if any):…………………………………………………….. …………………………………………………Name of Accommodation: …………………………… Accommodation contact tel. number: ……………………………………………. |

**PROVIDE DETAILS OF ALL DESTINATIONS AND COSTS INCLUDING ANY PRIVATE TRAVEL ARRANGED IN CONJUCTION WITH UNIVERSITY BUSINESS TRAVEL**

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| **DESTINATION 1** |  | **DATES** |
|  | **UK DEPARTURE** |  |
| Country |  | Arrival |  |
| City/Town |  | Departure |  |
| **Contact Details Abroad** |
| Name: | Telephone No: |

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| **DESTINATION 2** |  | **DATES** |
| Country |  | Arrival |  |
| City/Town |  | Departure |  |
| **Contact Details Abroad** |
| Name: | Telephone No: |

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| **DESTINATION 3** |  | **DATES** |
| Country |  | Arrival |  |
| City/Town |  | Departure |  |
| **Contact Details Abroad** |
| Name: | Telephone No: |

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| **DESTINATION 4** |  | **DATES** |
| Country |  | Arrival |  |
| City/Town |  | Departure |  |
| **Contact Details Abroad** |
| Name: | Telephone No: |

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| **DESTINATION 5** |  | **DATES** |
| Country |  | Arrival |  |
| City/Town |  | Departure |  |
| **Contact Details Abroad** |
| Name: | Telephone No: |

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| **DESTINATION 6** |  | **DATES** |
| Country |  | Arrival |  |
| City/Town |  | Departure |  |
| **Contact Details Abroad** |
| Name: | Telephone No: |

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| **DESTINATION 7** |  | **DATES** |
| Country |  | Arrival |  |
| City/Town |  | Departure |  |
| **Contact Details Abroad** |
| Name: | Telephone No: |

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| **UK ARRIVAL** |  |

Estimated cost of flights Amount: £……………..

Estimated cost of accommodation Amount: £……………..

Estimated cost of subsistence Amount: £……………..

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| **PART C –** FIELD TRIPS OR GROUP TRAVELDETAILSIs this a group visit? YES/NO (*circle as applicable*) *(If no, go to* ***PART D*** *below)*Total Number of Group: …………………

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| *Name of group member* | *Passport Number* | *Name of their next of Kin* | *Next of Kin telephone number* |
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**If required, please add additional names and details as a separate schedule to this form.**List of group activities: ………………………………………………………………………….. |

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| **PART D –** EQUIPMENTI will/will not (*circle as applicable*) be taking University equipment with me.If applicable, please specify: …………………………… Replacement Value: ………… |

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| **PART E** – EXPENSES ADVANCEAdvance required: YES/NO (*circle as applicable*) Amount: £……………..**This advance will be paid by BACS into your bank account held on our payroll database. Please supply the bank details should you wish this advance to be paid into a different bank account:**

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| BANK NAME:…………………………………………..ACCOUNT NUMBER……………………………. SORT CODE ……………………….. |

I understand that this is an advance of expenses and that if I fail to supply a Staff Expenses Claim Form the amount advanced will be deducted from my salary.THE STAFF EXPENSES CLAIM FORM SHOULD BE SUBMITTED TO THE FINANCE DEPARTMENT WITHIN **SIX WEEKS** OF RETURNING FROM OVERSEAS. FAILURE TO MEET THIS DEADLINE WILL RESULT IN THE ADVANCE BEING DEDUCTED FROM YOUR SALARY.Application Signature: ………………………………………….. Date: ……………………GENERAL LEDGER CODE: ………………………………………**Note:** The request for an advance cannot be processed without a General Ledger Code and authorisation by the Budget Holder. If the request is made by a Budget Holder the application must be approved by a relevant member of the Executive Board. |

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| **PART F** – DECLARATION (*tick to confirm*) I confirm that I have read the most recent University Overseas Travel Guidance (*see Moodle for latest version*) I confirm that I have attended an Overseas Travel Induction workshop  I confirm that I have completed the University Overseas Risk Assessment I confirm and agree that I am willing to travel Signed:…………………………………………….. Date: …………………….. |

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| **PART G** - AUTHORISATIONTHIS FORM MUST BE ***FULLY COMPLETED*** AND AUTHORISED WHETHER OR NOT AN ADVANCE OF EXPENSE IS REQUIRED.APPROVED: …………………………………………. Date: ……………………(Head of School/Department)PRINT NAME: ………………………………………..***To be signed if an expenses advance request is made by a Budget Holder***APPROVED: …………………………………………. Date: ………………….(Executive Board Member)  |

**SUBMISSION CHECKLIST**:

When you have completed this form please:

1. Print and send this Intent to Travel Form for approval and signature by your Head of School/Department.
2. Ensure that a copy of the most recent FCO advice is attached.
3. Print and attach an authorised University Overseas Risk Assessment

Once approval is received:

1. provide a copy of the form to your next of kin and line manager and send the original to the Finance Department.
2. In the event that you are completing this form some months in advance of your anticipated travel, it is your responsibility to keep checking the FCO website and if the conditions at your destination have changed, please submit a new Risk Assessment and Intent to Travel Form to your Head of School/Department and Finance Department.

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| **Useful information and emergency contact numbers:****Insurance Company: UMAL*****For anything other than minor ailments, contact Intana Global*:**Intana Global: Tel: +44 (0)20 7902 7405 Fax: +44 (0)20 7928 4748Reference UMAL/023 See: <http://www.bolton.ac.uk/Finance/Home.aspx> **The University of Bolton (*out of hours contacts - Staff Use Only*)**Mr. David Thurston +44 (0)7786 072797 Dr. Lynn Clark-Wright +44 (0)7501 157732Dr. Chris Grant +44 (0)7734 059104 Mr. Yusuf Giga +44 (0) 7951 796841 |