## APPLICATION FOR OVERSEAS TRAVEL

Revised 9/19



INSTRUCTIONS: Please complete this application in full and submit to your Regional Field Director with a copy to your Supervisor. (Tab to fill in the blanks.)

Name:	Date:
Destination(s) (Country name(s) only):	
Projected travel dates:	
Who will travel in your party?	
Purpose of trip:	
How do you see this trip helping your ISI ministry?	
How do you see this trip helping ISI's ministry in general	ul?
How do you see this trip helping returnees themselves?	
How do you see this trip helping ISI overseas ministry and	nd/ or returnee ministries?
What arrangements are being made to cover your work a	during your absence?
How will the trip be financed?	
What is your projected budget?	

What chur	ch and support backing	do you have?			
What are y	our plans for raising ad	ditional support?			
Confirmat <u>trips/tours</u> from my m	Initials) on: I understand that e. on my own without retu inistry account. I agree	rnees or donors, in	cluding meals	cannot be reimbu	rsed
nature and	directly related to my w				
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## **ITINERARY**

IMPORTANT! Please provide below details regarding the persons or locations to be visited, proposed length of stay, and purpose/objective for visit. For returnee contacts, please note any security concerns.

<u>Date(s) of Stay</u> <u>Person/Location</u> <u>Gender</u> <u>City & Country</u> <u>Purpose & Comments</u> (e.g. returnee follow up, current student, vacation, etc.)

If available, please attach your air travel itinerary as well.

## **CONTACT INFORMATION**

Please indicate overseas contact information (date you during your trip.	es, city/country, phone n	number) for reaching
Signature:	Date:	
Date of Last Trip:		
For Office Use Only  Received at ISI on	_	
Approved by DirectorComments:		Date
Approved by Executive OfficeComments:		Date
Other Comments:		