APPLICATION FOR OVERSEAS TRAVEL



Name:	Date:
Projected travel dates:	
Destination(s):	
Who will travel in your party?	
Purpose of trip:	
How do you see this trip helping your ISI m	inistry?
How do you see this trip helping ISI's minis	stry in general?
How do you see this trip helping returnees t	themselves?
How do you see this trip helping ISI oversed	as ministry and/ or returnee ministries?
Will any part of your time be for personal be number of working days or percentage of your time be for personal be number of working days or percentage of your time be for personal be number of working days or percentage of your time be for personal be number of working days or percentage of your time be for personal be number of working days or percentage of your time be for personal be number of working days or percentage of your time be for personal be number of working days or percentage of your time be for personal be number of working days or percentage of your time be for personal be number of working days or percentage of your time be for personal be number of working days or percentage of your time be not to	usiness or vacation? If so, please estimate the our trip that is personal in nature.
What arrangements are being made to cove	r your work during your absence?
How will the trip be financed?	
What is your projected budget?	
What church and support backing do you h	ave?
What are your plans for raising additional s	support?
Additional information:	

ITINERARY

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

Date(s) of Stay	Person/Location	<u>Gender</u>	City & Country	<u>Email</u>	Purpose & Comments (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 (dates, city/country, phone number) for reaching you during your trip. **Signature:** Date: **Date of Last Trip:** For Office Use Only Received at ISI on _____ Approved by Director _____ Date ____ **Comments:** Approved by Executive Office ______ Date _____ **Comments: Other Comments:**