

DCEPS INTERNATIONAL PROFESSIONAL TRAVEL

Supplemental Justification and Chair Review

Upload with the Chrome River Pre-Approval Request

Purpose: This one-page form captures only information needed for DCEPS review that may not appear elsewhere in Chrome River. Do not duplicate an itemized budget, receipts, or full itinerary already attached. This form does not replace ODU, Research Foundation, sponsor, Travel Registry, risk-management, export-control, or research-security requirements.

A. TRAVELER AND ACTIVITY

Traveler: _____ Department/Unit: _____

Destination/Country: _____ Business travel dates: _____

Event/activity: _____

Sponsoring organization and website: _____

Purpose and role - check all that apply

- ☐ Presenting peer-reviewed/invited work ☐ Invited speaker ☐ Chair/discussant/organizer/leadership
☐ Mentoring/supervising student presenter(s) ☐ Coauthor ☐ Research/fieldwork/partnership/accreditation
☐ Attendance without formal role ☐ Other: _____

Proposed funding - check all that apply

- ☐ Department ☐ College ☐ Sponsored project ☐ Other ODU ☐ Outside support ☐ Personal

Amount requested from Department/College: \$ _____ Sponsored award/fund, if applicable: _____

B. BRIEF JUSTIFICATION

1. Professional, student, departmental, College, institutional, or sponsored-project benefit:

2. Expected outcome(s) (presentation, mentoring, publication, proposal, curriculum, accreditation, partnership, leadership):

3. Plan for classes, advising, supervision, administrative duties, and other assigned responsibilities:

Available supporting documentation

- ☐ Acceptance/invitation ☐ Abstract/proposal ☐ Current/preliminary program ☐ Prior-year program
☐ Call for proposals/event webpage ☐ Other: _____ *A final program is not required if unpublished.*

Personal travel, if included

- ☐ None ☐ Included - Personal dates: _____ ☐ Costs separated

C. TRAVELER CERTIFICATION

- ☐ Information is accurate. ☐ Chrome River contains the estimated budget and itinerary. ☐ No nonrefundable commitment will be made before required approvals. ☐ I will complete all applicable ODU, Research Foundation, sponsor, Travel Registry, risk, export-control, and research-security requirements.

Traveler name/electronic certification: _____ Date: _____

D. CHAIR REVIEW

- ☐ Purpose/event appears legitimate or adequately documented. ☐ Role/benefit is sufficient.
☐ Assigned responsibilities are appropriately covered. ☐ Department funds are available, if applicable.
☐ No additional DCEPS information is needed. Refer to: ☐ Dean's Office ☐ Research Foundation ☐ Other

Recommendation: ☐ Approve ☐ Return for clarification/revision ☐ Recommend nonapproval

Approved Department/College amount: \$ _____

Conditions or rationale:

Chair name/electronic review: _____ Date: _____

Processing note: Electronic routing and approvals in Chrome River remain the official approval record. Sponsored-cost allowability questions should be referred to the ODU Research Foundation rather than decided on this form.