

Tel Aviv University
Human Resources Division
The Travel & Academic Benefits Unit
Travel application for academic faculty

A. Traveler's name _____ ID No. _____ Rank/Position _____
 Faculty _____ Department _____ Phone/Cell _____ Email _____
 Purpose of the trip and its relevance to my activities at TAU: _____

Academic Destination: _____

Itinerary: _____

If the itinerary includes an additional, non-academic destination, see instructions in Section D on p. 2.

Flight tickets at the travel agency (from approved list). Name of agency: _____ Agent: _____

Phone: _____

* The university only approves economy class travel. Business class seating will be approved only subject to medical documents submitted to the Rector a month before the ticket is purchased.

Actual length of trip from (departure date) _____ to (date of return flight departure) _____ Total: _____ days.

Reminder: before leaving you must settle the account for your previous trip.

Expected expenses	Board & accommodations				*Flight Econo my class	Conference registration Attach cost specification	Car rental Fill in Section 3 p. 2			Budget
	Hotel		No hotel				No. of days	Age nt	In adv anc e	
Sources of funding	No. of nigh ts	Est. cost per night	Board *accomm odations funded	Full cover age						
Kishrei Mada										
Sabbatical surplus										
Research/ other										

I declare: I ___ will ___/___ will not receive funding from an external source for accommodations/board/flight tickets (please specify) _____

Traveler's signature _____ Date _____

To fill in the rest of the form and its Appendix see following pages.

B. Consents for travel

Name & signature of Head of Department _____ Date _____

Name & signature of leading researcher _____ Date _____

Dean's signature _____ Date _____

Rector's signature (to be handled by the Travel Unit) _____ Date _____

Consent of Research Authority (before submission to the Travel Unit)

Sum:	_____
Legal entity	10
Internal entity	20
Organizing unit	_____
Internal organization	0000
Account	_____00000
Project	_____060
Year of research	_____
Date	_____ Signature _____

Important:

1. Please attach a letter of invitation and/or consent for participation in conference / libraries – specifying topic of research and libraries.
2. The application and attached documents must be submitted **at least one month prior to departure**. An application that is not submitted one month prior to departure will not be handled before departure.

C. Reasons for requesting car rental _____

D. For itinerary that includes a non-academic destination, attach a price quote for a flight ticket with the same details as the academic destination (**a ticket identical in its details upon booking** with the relevant vendor (internet/agent): flight dates and type of ticket). The difference between the cost of traveling to the academic destination and the cost of the trip that includes an additional destination will be covered by the traveler. **If such a quote is not submitted, the cost of the additional destination will be deducted from the refund as seen fit by the Head of the Travel Unit.**

E. Receiving per diem funding before departure – please indicate chosen alternatives:

Whenever requesting funds at a bank you must present an ID or passport.

1. Personal application to **Bank Hapoalin, Avivim Branch, 43 Brodtsky St. Tel Aviv**, Phone: 03-6462615

Funds may be received in the following **4 currencies**. Please indicate:

USD\$ _____ € _____ £ _____ Swiss Franks _____

2. Personal application to **Bank Hapoalim, Ben Gurion Airport Branch**, located in the Departures Hall. Here per diem funds may be received in any currency tradable in Israel.

Requested currency/currencies: _____

3. Transfer **in NIS to my bank account** – only the account where salary is deposited regularly

4. Transfer **in foreign currency to my bank account in Israel***

Currency: _____

* Provided you have submitted the form specifying the details of your foreign currency account to the TAU Travel Unit. Please note: the bank/account where funds are received and the mix of currencies may not be altered once an advance payment has been made.

If no preferred currency has been indicated, the per diem funds will be deposited in your account in NIS.

Insurance – TAU covers some of the cost of insurance, but is not responsible for purchasing travel insurance. The traveler is responsible for purchasing a suitable travel insurance policy.

Insurance agents on campus who can provide the needed travel policy:

Harel/Shiloach (Yuval Levenberg) **03-6408016**

Harel/Shiloach (Bella Lavon) **03-6408850**

Insurance refund – Traveler will receive a refund upon presentation of payment confirmation on the insurance policy. The sum of the refund is determined by TAU's rates for the number of days spent at the approved academic destination.

Settling the account after the trip:

According to Israeli income tax regulations, returning faculty members must submit a report regarding their expenses abroad. Therefore I confirm that:

1. Within 30 days of my return to Israel I will submit to the Travel & Academic Benefits Unit all documents required for settling the account, along with a form for reporting the settling of the account (download from the Unit's website):
 - **Original boarding cards + E-ticket**
 - **Original receipts and invoices as needed**
2. I am aware that if the final account shows a debt on my part, I will cover it within 45 days of the settling of the account. If I do not do so, the university will be entitled to deduct the relevant sum from my salary.

My signature at the bottom of this section constitutes an irrevocable order and permission for the university to deduct the relevant sums from my salary, as stipulated in section 2.

Name & Signature: _____

Appendix A – Measures for ensuring fulfillment of all duties

Fulfillment of duties: I am aware that I must fulfill all my obligations with regard to teaching/returning grades/committee work, as specified in this Appendix. **I am also aware that not fulfilling the said obligations before my departure may lead to the retroactive cancellation of my travel permission.**

Ensuring proper examination procedures and returning graded exams to the students:

Courses I teach:

Name of course _____ Days and hours on which the course will take place while I am away _____

Replacement (name & signature) and his/her rank _____

Lecture was moved, with students' consent, to another date _____

Name of course _____ Days and hours on which the course will take place while I am away _____

Replacement (name & signature) and his/her rank _____

Lecture was moved, with students' consent, to another date _____

Exams – please fill in all blanks in the following table:

___ No exams will take place or be graded during my absence.

___ The following exams are scheduled to take place:

Course: _____

Date of exam	1 st exam date	Name & signature of substitute	2 nd exam date	Name & signature of substitute
Will answer questions for clarification during exam				

Course: _____

Date of exam	1 st exam date	Name & signature of substitute	2 nd exam date	Name & signature of substitute
Will answer questions for clarification during exam				

___ Exams will be sent to me for grading while I'm abroad

Person responsible for sending and photocopying the exams (Name & Signature)

Source of funding for sending exams: Budgetary article: _____

___ I am aware that I must act in accordance with regulations of both the university and faculty with regard to dates for submitting examination forms, returning graded exams/appeals, and submitting grades to the office of my department; I will return exam grades within 7-14 days (in accordance with exam format), and grades following appeals within 5 days.

___ **In any event my trip abroad will not delay returning exams and papers to students beyond the time stipulated in the university's regulations as mentioned above!**

Name & signature: _____

Administrative roles such as committee membership (to be filled by heads of units, as well as chairpersons and single members of committees):

Committee chairperson/member _____

Replacement (Name & signature) _____

Other functions _____

Replacement (Name & signature) _____

Handling mail – in my absence my mail will be handled by _____

Handling research grants:

I authorize _____ to sign payment orders from my grant account.

Name & signature: _____