

REQUEST TO TRAVEL TO RESTRICTED REGIONS AND FOREIGN ADVERSARIES FOR INDIVIDUAL TRAVELERS

AS295

Instructions: At least 30 days in advance of the proposed travel, please complete all pages of this form (attaching additional pages, if necessary), obtain the required signatures on page 1, send to the International Travel Oversight Committee (ITOC) in care of Patrice Gremillion, Director of Accounts Payable & Travel at pgremill@lsu.edu, and the final approved form must be attached to the Spend Authorization in Workday.

Traveler Details				
Name: LSUID:	E-mail:			
Title:	D l			
Department:	Department Mailing Address:			
Business Manager:	E-mail:			
Description of Travel				
Purpose of Proposed Travel:				
1 1 11 11 11 11 11 11 11 11 11 11				
Travel Advisory Level of Restricted Region (select one):	□ 3 □ 4			
Travel to Foreign Adversary Country (select one):	□ Yes □ No			
Source of Funds: University Account #:				
University Affiliate Name:				
Third-Party Funding: ☐ Yes*	☐ No *May be subject to LA Ethics Reporting			
Required Signatures Any person subject to traveling to a foreign adversary country and representing the university, upon return, shall report any gifts of funds or promises to pay offered by a foreign adversary country or any entity representing the interests of a foreign adversary country. Traveler Name (please print):				
Traveler Signature:	Data			
Director/Dept. Head/Chair Signature:	Date:			
Dean Signature:	Data			
ITOC: □ Recommends approval □ Doe Accounts Payable & Travel Administrator: □ VP for Academic Affairs: □ Approved □	es not recommend approval Date: Denied			

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Traveler's Emergency Contact Information While Abroad Please provide the appropriate information that Louisiana State University and/or outside sources may use to communicate with you in the event of a crisis:				
	Expiration Date:			
	can be reached internationally:			
Physical Address of all accommo	dations while abroad:			
,				
with you in the event of a crisis:	on that Louisiana State University and/or outside sources may use to communicate			
	Relation to Traveler:			
	e):			
	ntacts for the University to work with in the event of a crisis:			
Name & Title:	Department:			
Phone Numbers (cell/work/hom				
E-mail:				
Secondary Contact Person:	Phone:			

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Other Travelers Please provide the names of any other travelers or individuals you will be working with during the trip:				
Name:	Phone:	Affiliation:		
Name:	Phone:	Affiliation:		
Name:	Phone:	Affiliation:		
Name:	Phone:	Affiliation:		
Name:	Phone:	Affiliation:		

Itinerary

Please provide a complete itinerary of your travel, including all departure/arrival dates, airline flight #'s, locations, and modes of transportation.

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atety	and Security Assessment
1.	What safety and security risks might you encounter while traveling given the U.S. Department of State travel advisory or foreign adversaries?
2.	What specific steps will you take to mitigate these risks? What is your emergency plan as it relates to natural disasters, civil/political unrest, and medical emergency related to accident or injury? Please be as specific and detailed as possible.
3.	Describe your level of familiarity with the proposed location. <i>Include professional connections, family living there, language abilities, familiarity with culture, experience visiting/living/working there, etc.</i>
lealth	Assessment
1.	Have you received the appropriate immunizations and/or are aware of any required test results necessary to meet the country's entry requirements, including the COVID-19 vaccination?
2.	Describe your plan or course of action if you are subject to contagious illness or COVID-19 quarantine restrictions at the time of entry or during your stay?

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Necessity of Travel



2. Could you engage in a similar or alternate program in a different location?

3. How is the travel critical to the mission of the University?

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