



LOUISIANA STATE UNIVERSITY

Louisiana State University
Office of Accounting Services
Accounts Payable & Travel
217 Thomas Boyd Hall

REQUEST TO TRAVEL TO RESTRICTED REGIONS 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 Director of Accounts Payable & Travel (217 Thomas Boyd Hall or pgremill@lsu.edu), and the final approved version must be attached to the Spend Authorization in Workday.

Traveler Details

Name: _____ LSUID: _____ E-Mail: _____

Title: _____ Phone: _____

Department: _____ Department Mailing Address: _____

Business Manager: _____ E-Mail: _____

Description of Travel

Purpose of Proposed Travel: _____

Location (list all countries and cities –*be specific*):
_____Travel Advisory of Restricted Region (*circle one*): LEVEL 3 4Exact Dates of Proposed Travel: _____

Required Signatures

Traveler Name (please print): _____

Traveler Signature: _____ Date: _____

Director/Dept. Head/Chair Signature: _____ Date: _____

Dean Signature: _____ Date: _____

ITOC: _____ Recommends approval _____ Does not recommend approval

Associate Vice President: _____ Date: _____

_____ Approved _____ Denied VP for Academic Affairs: _____

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:

Traveler name as it appears on Passport: _____

Passport Number: _____ Expiration Date: _____

Phone number(s) where traveler can be reached internationally:

Physical Address of all accommodations while abroad: _____

Alternate Emergency Contact Information While Abroad

Please provide an alternate person that Louisiana State University and/or outside sources may use to communicate with you in the event of a crisis:

Name: _____ Relation to Traveler: _____

Phone Numbers (cell/work/home):

E-mail: _____

Physical Address: _____

Department Emergency Contact Information

Please provide departmental contacts for the University to work with in the event of a crisis:

Name & Title: _____ Department: _____

Phone Numbers (cell/work/home):

E-mail: _____

Secondary Contact Person: _____ Phone: _____

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.

SAFETY & SECURITY ASSESSMENT

1. The US Department of State website is www.travel.state.gov and lists country-specific Travel Advisories for US citizens. Please summarize (do not copy/paste) the current State Department Travel Advisory for your location.

With regard to current US Department of State Travel Advisory and your own health/safety/security assessment of the proposed location, what risks might you encounter while traveling?

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. *Include professional connections, family living there, language abilities, familiarity with culture, experience visiting/living/working there, etc.*

Necessity of Travel:

1. Why must the travel take place at the proposed location?
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?