



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 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: _____ 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** **4**
Exact 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
Accounts Payable & Travel Administrator: _____ Date: _____
_____ Approved _____ Denied VP for Academic Affairs: _____



LOUISIANA STATE UNIVERSITY

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

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: _____



LOUISIANA STATE UNIVERSITY

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

OTHER TRAVELERS

Please provide the names of any other travelers or individuals you will be working with during the trip:

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

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

1. With regard to current U.S. 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.*

COVID-19 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 COVID-19 quarantine restrictions at the time of entry or during your stay?
-

