

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 <u>pgremill@lsu.edu</u>, and the final approved form must be attached to the Spend Authorization in Workday.

| Traveler Details | | | | | | |
|---|------------------------------|-------------|-----|--------|----------|-----------------------------------|
| Name: | | LSUID: | | | | E-mail: |
| Title: | | | | | Phone | : |
| Department: | | | D | epartm | ient Mai | ling Address: |
| Business Manager: | | | | | E-mail: | |
| Description of Tra | vel | | | | | |
| Purpose of Propos | sed Travel: | | | | | |
| Exact Dates of Pro | | | | | | |
| Location (list all co | ountries and cities – be spe | | | | | |
| | | | | | | |
| Travel Advisory Le | vel of Restricted Region (s | elect one): | | 3 | | 4 |
| Travel to Foreign Adversary Country (select one): | | | Yes | | No | |
| Source of Funds: | University Account #: | | | | | |
| | University Affiliate Name | 2: | | | | |
| | 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: | Date: |
| Director/Dept. Head/Chair Signature: | Date: |
| Dean Signature: | Date: |
| | |
| ITOC: Recommends approval Does not recommend approval | |
| Accounts Payable & Travel Administrator: | Date: |
| VP for Academic Affairs: Approved Denied | |
| | |



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: |
| | | |

Itinerary

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



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

Health 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?



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?