



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: _____ Phone: _____
 Department: _____ Department Mailing Address: _____
 Business Manager: _____ E-mail: _____

Description of Travel

Purpose of Proposed Travel: _____
 Exact Dates of Proposed Travel: _____
 Location (list all countries and cities – *be specific*): _____

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

ITOC: Recommends approval Does not recommend approval

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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.



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.
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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.
