		Travel to Fore	ign Adversary Country (select one):
		Source of Fund	ds: University Account #:
			University Affiliate Name:
			Third-Party Funding:
		Please attach	a list of student travelers (if applica
		Any person su	bject to traveling to a foreign adve
		interests of a l	foreign adversary country.
		Faculty Leade	r Name (please print):
		Faculty Leader	r Signature:
		Director/Dept	. Head/Chair Signature:
		Dean Signatur	e:
		ITOC:	Recommends approval
		Accounts Paya	able & Travel Administrator:
		VP for Acaden	nic Affairs: Approved
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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 reach	ned internationally:
Physical Address of all accommodations while	abroad:
Please provide an alternate person that Louisi with you in the event of a crisis:	iana State University and/or outside sources may use to communicate
Name:	Relation to Traveler:
E-mail:	
Physical Address:	
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:

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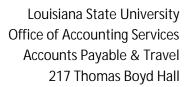


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Please provide the name	es of any other travelers or individuals yo	u will be working with during the trip:	
Name:	Phone:	Affiliation:	

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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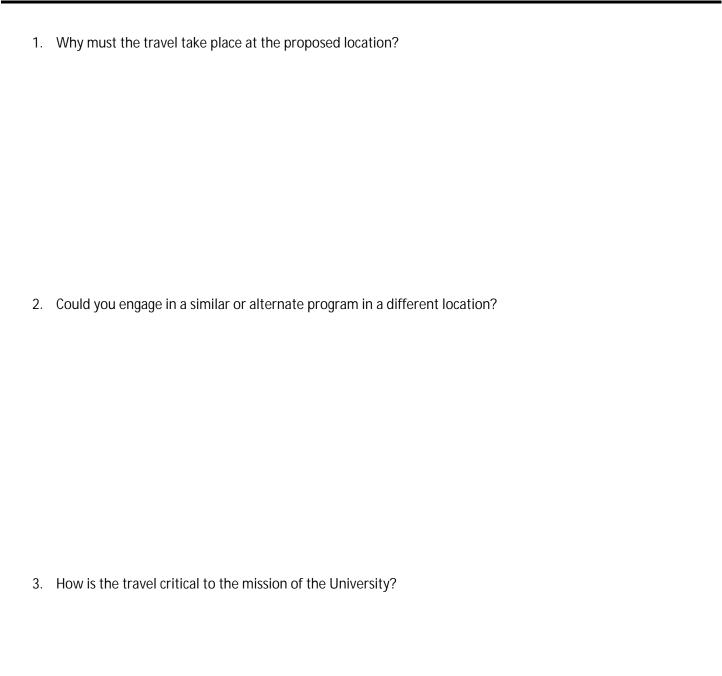




1.	What safety and security risks might you encounter while traveling given the U.S. Department of State travel advisory or foreign adversaries?
2.	What specific steps will you take to mitigate these risks? What is your emergency plan as it relates to natural disasters, civil/political unrest, and medical 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>
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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