LOUISIANA STATE UNIVERSITY

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

FACULTY/STAFF EMERGENCY CONTACT FORM AS297

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: _____

International Cell Phone: _____

Additional phone numbers (cell/work/home):

_____

Email: _____

Physical Address of all locations you will be staying: _____

_____

_____

_____

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: _____

Physical Address: _____

Phone Numbers (cell/work/home):

_____

Email: _____

Department Emergency Contact Information

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

Name & Title:_____ Department: _____

Phone Numbers (cell/work/home):

_____

Email: _____

Secondary Contact Person:_____ Phone: _____

*****This form can be used for any International Travel*****