



REQUEST TO TRAVEL TO RESTRICTED REGIONS AND FOREIGN ADVERSARIES FOR STUDENT STUDY TRIPS

AS296

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 Program and Travel

Title of Proposed Program: _____
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*

Please attach a list of student travelers (if applicable)

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.

Faculty Leader Name (please print): _____

Faculty Leader 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 _____

Faculty Leader'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: _____

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.

