



Foreign Travel Checklist

- As per the CSU Travel policy and the University's travel procedures, obtain appropriate approvals for foreign travel.
- Complete a foreign travel insurance request form available from Risk Management.
- Prepare a detailed itinerary of activities while in the host country. List scheduled destinations, alternate destinations, foreign country host contact names, accommodation addresses and phone numbers, foreign emergency contact phone numbers, and other necessary details.
- Obtain completed and signed release and hold-harmless waivers from all travel participants. Per CSU audit guidelines, release forms should be kept with sponsoring department's files for at least 2-years
- Complete a participant list that should be kept with sponsoring department's files in the event of an emergency.
- Arrange for at least one orientation meeting for all confirmed travel participants which provides information on all travel logistics (i.e. travel medical and health concerns, cultural differences, laws within the host country, modes of transportation, departure and return to the U.S., appropriate clothing and packing tips, etc.)
- Provide current health and safety information to travel participants. Review the CSU's Foreign Travel insurance policy and procedures to request medical or other travel assistance.
- Communicate codes of conduct for all faculty, staff, and students as representatives of San Francisco State University and the consequences of non-compliance.
- Develop and review an emergency or crisis plan for your travel group. Provide a written plan which may include a list of emergency phone numbers and alternate contacts for travel participants while traveling in the host country.
- Provide training for any specialized equipment to be used on the trip
- Plan for and accommodate students with special needs.



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INSTRUCTIONS TO COMPLETE REQUEST FOR FOREIGN TRAVEL INSURANCE FORMS

Notice of Travel Risks

Review the information and type or print your name and date in the designated areas of this PDF interactive document. The printed form should be signed by the traveler and kept with the sponsoring University department for 2-years as per CSU audit guidelines.

Release of Liability and Hold-Harmless agreement

Review the information and type or print the requested information about your travel on this PDF interactive document. Travelers under 18-years of age require parent/guardian signature on the Release of Liability and Hold-Harmless agreement. The printed form should be signed by the traveler and kept with the sponsoring University department for 2-years as per CSU audit guidelines.

Foreign Travel Insurance Request and related forms

Provide requests for foreign travel insurance 10-15 business days in advance of departure from the U.S. Departures to Canada, Mexico, and other neighboring international countries require foreign travel insurance purchase.

Travel information. List the city, country for your travel destination(s). When traveling to several cities and countries, list the date of travel for each destination city and country.

Trip Leader. Provide your passport name on the form (ex. Joseph Smith rather than Joe Smith). If you are traveling alone, list yourself as the trip leader. List your S.F. State status (ex. faculty, staff, student, or other and describe your relationship to the University). The University's insurance administrator requires complete information about your trip including an emergency contact. Provide the title of your conference or meeting and provide description and/or purpose of your international travel and the University department sponsoring your travel. If you are traveling on ORSP grant funds, indicate ORSP as the sponsoring University department. Provide complete information to avoid insurance processing delays.

Participant List form. Complete this form only when traveling with a group of two or more. Provide the full emergency contact information and attach this to the foreign travel request form. If you are traveling alone, be sure that complete the emergency contact information is provided in the section under trip leader on the foreign travel insurance request form.

Foreign Travel Schedule form. Complete this form only when traveling with a group of two or more. Provide the passport name of each traveler's departure/return date to the U.S. and S.F. State University status and attach this to the foreign travel request form.

Itinerary and Trip Details.

- Primary /secondary accommodations. Provide complete information on the hotel name, address, and contact phone numbers for each destination city and country in the event the University or your department needs to contact you urgently. Attach a separate itinerary with dates of travel and foreign destination addresses as needed.
- General activities. Provide general information about your activities at your international destination(s) such as attending a professional meeting or conference. If travel is related to an academic course, attach a course description and itinerary. Attach separate sheets as needed to your request for foreign travel insurance.
- Transportation. The insurance administrator requests information on how you will travel after you reach your international destination (ex. train, taxi, bus, public transportation, etc.). If you are renting a car or chartering ground transportation at your foreign destination, contact Risk Management to ensure that appropriate foreign vehicle liability insurance is obtained.

Name of Person authorized to approve travel

Provide the name and title of the person authorized to approve your international travel. Usually this is the Department Chair, Director, or Administrator for your department or college. The person authorized to approve travel is responsible for confirming the department's chartfield recharge account number and travel insurance purchase to Risk Management. Complete information is required to avoid any processing delays. If an ORSP grant or other funding will be used to pay for your foreign travel insurance, provide the name and contact information of that grant/fund administrator and the expiration date of the ORSP grant or fund.

**Department Chartfield Re-Charge Account Number*

Departments must provide department chartfield recharge account numbers. Risk Management recharges departments for the foreign travel insurance premium cost. ORSP grant chartfield numbers provided must list the grant expiration date. The chartfield number must include the fund number, 4-digit department ID, and the project number when applicable.

Please note that international travel expense will not be reimbursed for unauthorized travel. Questions related to foreign travel insurance may be directed to Linda Medina-Sam, Risk Management Specialist at (415) 338-2691 or email: mdinasam@sfsu.edu.



Request for Foreign Travel Insurance Program (FTIP) coverage

Please complete all items listed below. Attach separate sheets as needed.

1. Travel Information

Destination of Travel (city, country) _____
Departure Date from U.S. _____
Return Date from U.S. _____

2. Trip Leader

_____ *passport name
*Last Name *First Name *MI
Trip Leader Status: (check one box) Faculty Staff Student Other (specify) _____
Campus Extension: _____ Other contact phone number(s): _____
Campus/other email: _____

Emergency Contact name for Trip Leader and relationship to trip leader _____
Emergency Contact Phone _____ Cell phone _____ Email: _____

Activity description or Course Name /number: _____
Purpose of the travel: _____
University Department sponsoring the travel: _____ CEL ORSP

3. Participant List & Foreign Travel schedule

(Complete and attach list and schedule to this request form only when there are 2-or more travelers)

- Complete and submit the Participant List form and provide each traveler's emergency contact.
- Complete and submit the Foreign Travel schedule form listing each traveler's passport name and dates of departure and return to the U.S.

4. Itinerary & Trip Details

Attach a copy of the trip itinerary, course/activity description, and related trip details to this request form so that you may be contacted in the event of an emergency. Attach separate sheets as needed.

- *List primary/secondary accommodations, foreign address, and foreign contact phone numbers*
- *List the general activities of the trip (i.e. attending professional conference or meeting, collecting samples, field research, teaching, providing services, etc.)*
- *Provide information on the primary mode of transportation at destination site (i.e. air, taxi, car rental, public transportation)*

5. Name of Person authorized to approve travel

_____ Printed Name Title Department

Campus Extension: _____ Email: _____

***Department Chartfield Re-Charge Account number:** _____

*Information is required to request foreign travel insurance

ORSP Grant/fund expiration date (if applicable) _____

Return completed form to: Risk Management, ADM 252 or fax to (415) 338-2498.



Foreign Travel Schedule

Destination (City, Country) _____

Page ____ of ____

Group Departure date _____

Group Return date _____

Risk Management use only

	Dep. Date from the U.S. (mm/dd/yy)	Return Date to the U.S. (mm/dd/yy)	Traveler (Last name, First name)	SFSU Status	Age if under 18-yrs. Old	travel < 15- days	travel < 30- days	travel > 30- days	Premium Cost
1									
2									
3									
4									
5									
6									
7									
8									
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18									
19									
20									
21									
22									
23									
24									
25									

faculty/staff = _____

students = _____

other = _____

total Travelers = _____

Total Premium Cost = _____

**Complete and submit another form to list additional participants*