

**TRAVEL & SAFETY** CONTINUED

## PRE-DEPARTURE ADMINISTRATIVE CHECKLIST

NAME: \_\_\_\_\_

PURPOSE OF TRIP: \_\_\_\_\_

- |  |                              |                              |       |
|--|------------------------------|------------------------------|-------|
| Human Subjects training confirmed              | <input type="checkbox"/> YES | <input type="checkbox"/> N/A | _____ |
| Emergency Contact Form returned                | <input type="checkbox"/> YES | <input type="checkbox"/> N/A | _____ |
| Travel Manual sent                             | <input type="checkbox"/> YES | <input type="checkbox"/> N/A | _____ |
| Signed Student Pre-departure Checklist         | <input type="checkbox"/> YES | <input type="checkbox"/> N/A | _____ |
| Signed Code of Conduct Form returned           | <input type="checkbox"/> YES | <input type="checkbox"/> N/A | _____ |
| Signed Waiver of Liability returned            | <input type="checkbox"/> YES | <input type="checkbox"/> N/A | _____ |
| Travel Insurance Card                          | <input type="checkbox"/> YES | <input type="checkbox"/> N/A | _____ |
| Emergency Numbers Wallet Card                  | <input type="checkbox"/> YES | <input type="checkbox"/> N/A | _____ |
| Passport valid for trip dates                  | <input type="checkbox"/> YES | <input type="checkbox"/> N/A | _____ |
| Visa obtained                                  | <input type="checkbox"/> YES | <input type="checkbox"/> N/A | _____ |
| Safety Briefing Sheet for the Phillipines sent | <input type="checkbox"/> YES | <input type="checkbox"/> N/A | _____ |
| Signed Agreement Letter sent                   | <input type="checkbox"/> YES | <input type="checkbox"/> N/A | _____ |
| Signed UW Student Contract                     | <input type="checkbox"/> YES | <input type="checkbox"/> N/A | _____ |

**TRAVEL:**

FINAL TRAVEL DATES: \_\_\_\_\_

**COVERED COSTS:**

Rent/Hotel:  YES  NO if Y, up to \$ \_\_\_\_\_ /month via  Field Advance  Reimbursement

Immunizations:  YES  NO

Passport/Visa costs:  YES  NO

Per Diem:  YES  NO

Other: \_\_\_\_\_

**PAYROLL:**

YES  NO

Payroll appointment title: \_\_\_\_\_ Appt includes tuition:  YES  NO

**Notes:** \_\_\_\_\_

**TRAVEL & SAFETY** CONTINUED

**INSURANCE:**

Comprehensive Medical:  Uniform  GAIP  Other (specify) \_\_\_\_\_

Supplemental Medical Evacuation/Repatriation:

UW's international On Call policy\* (provide card)

HTH (specify)  Other (specify) \_\_\_\_\_

\* If on UW payroll, covered automatically by On Call;  
Do not need to contact Risk Services for coverage to begin when person overseas

Dependents? \_\_\_\_\_

**Notes:** \_\_\_\_\_

**BUDGET(S):**

EXPENDITURE	Y/N	COST \$\$	BUDGET #	%	NOTES (ie, dates, other sources of funding, etc.)
Stipend/Salary					
R/t ticket					
Rent/Hotel					
Other					(Cell minutes, Internet use, taxi, etc.)

**Notes:** \_\_\_\_\_