



Complete this form only when there are 2 or more travelers

Foreign Travel Schedule

Destination (City, Country) _____
Group Departure date _____
Group Return date _____

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	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	Risk Management use only			Premium Cost
						travel < 15- days	travel < 30- days	travel > 30- days	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
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14									
15									
16									
17									
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*