



Foreign Travel Checklist

As per the CSU Travel policy and the University's travel procedures, obtain appropriate College Dean or Vice-President approval for foreign travel on the RAT (Request for Authorization to Travel) form. NOTE: Faculty traveling internationally on University business must obtain Department Chair and College Dean signature on the RAT form. Enterprise Risk Management will facilitate Provost and President review and approval.

Complete a Request for Foreign Travel Insurance Program (FTIP) form available from Enterprise Risk Management 45-business days advance notice of departure from the U.S. is required for timely processing.

Check whether your foreign country destination is listed on the CSURMA high-risk/war-risk country travel list. If so, then complete the Request for Travel to High Risk Country form. Consult the U.S. State Department Travel Warnings website to help mitigate the risks associated with travel to the high risk country destination. You may also contact Enterprise Risk Management at riskmgmt@sfsu.edu for further information.

Request property (Inland Marine) insurance for any University-owned equipment to be taken to any international destination from Enterprise Risk Management.

Prepare a detailed itinerary of scheduled destinations and activities while in the host country. List scheduled destinations, alternate destinations, foreign country host contact name(s), foreign addresses and foreign emergency contact phone numbers, in the event the University needs to contact you due to an emergency.

Obtain completed and signed Release of Liability waiver from each *non-employee* travel participant. Per CSU audit guidelines, liability release forms are kept with sponsoring department's files for at least 3 years.

Complete a Participant List (**only when there are 2 or more travelers**). The sponsoring department should keep a copy on file in the event of an emergency.

When traveling with a group, 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 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 3-years as per campus practice.

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 3-years as per campus practice.

Foreign Travel Insurance Request and related forms

Provide requests for foreign travel insurance at least 45-business days in advance of departure from the U.S. Departures to Canada and Mexico 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/Primary Traveler. 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 and their relationship to you. 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 (i.e. invited speaker, professional development, etc). 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. Each traveler who is a student or non-SFSU faculty or staff should complete the Release of Liability forms as well.

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 SF State University status and attach this to the foreign travel request form.

Itinerary & 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 foreign travel insurance request.
- 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 Enterprise 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 Enterprise 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. Enterprise Risk Management will recharge 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, international travel expense will not be reimbursed for unauthorized travel. Questions related to foreign travel insurance may be directed to Enterprise Risk Management at riskmgmt@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(s) of Travel (city, country) _____

Departure Date from U.S. _____

Return Date to U.S. _____

2. Trip Leader

_____ *Last Name _____ *First Name _____ *passport name
_____ *MI

Trip Leader Status: (check one box) ☐ Faculty ☐ Staff ☐ Student ☐ Other (specify) _____

Campus Phone: _____ 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. taxi, car rental, public transportation)

5. Name of Person authorized to approve travel

_____ Printed Name _____ Title _____ Department _____

Campus Phone: _____ 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 45 business days prior to departure date to Enterprise Risk Management, ADM 260.



San Francisco State University
Participant List

Activity or				Year
Course Name:	Course Number:		Winter	
Destination(s):	Depart Date:		Summer	
City and State	Return Date:		Fall	
			Spring	
Faculty Name:	College/Dept.:			
Email				
Address:	Campus Phone:		Fax:	

*Formatted fields. Select pull down menu. Type phone number with no spaces or symbols (i.e. 4153381234)

	Participant		Age if under 18	Participant Status*	Student or Employee ID Number	Emergency Contact Person	*Relationship	Contact		
	Last Name	First Name, MI						*Home Telephone	*Work Telephone	*Cell Telephone
1										
2										
3										
4										
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24										
25										

*Complete and submit another form to list additional participants

*Only students, employees and volunteers are covered by the University's insurance

**If participant is under 18-years old, please provide the participant's age next to their name



Complete this form only when there are 2 or more travelers

Foreign Travel Schedule

Destination (City, Country) _____

Page ____ of ____

Group Departure date _____

Group Return date _____

	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			
						travel < 15- days	travel < 30- days	travel > 30- days	Premium Cost
1									
2									
3									
4									
5									
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22									
23									
24									
25									

faculty/staff = _____

students = _____

other = _____

total Travelers = _____

Total Premium Cost = _____

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