Authorization for Foreign Travel & Request for Insurance Program (FTIP) Coverage

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

| 1. Travel Information | | | | | |
|--|-------------------------|------------------------------|--------------|--|--|
| Destination of travel (c | ity & country): | | | | |
| Departure date from U | SA: | | | | |
| Return date to USA: | | | | | |
| UCorp project account | number: | | | | |
| 2. Trip Leader: | | | | UIN: | |
| NOTE: should be as appears on passport | LAST, FI | | | | |
| Trip Leader Status: (check one) | | | | | |
| Campus extension: | _ | | | | |
| Campus/other email address: | | | | | |
| Emergency contact for Trip Leader | | | | | |
| Phone: | Cell phone: | E- | mail: | | |
| Activity description: | | | | | |
| Purpose of travel: | | | | | |
| UCorp project or SFSU Departmen | t sponsoring travel: _ | | | | |
| 3. Participant List & Foreign Trave [a] Participant List form & provide [b] Foreign Travel Schedule form I | e each traveler's emer | gency contact | parture fro | (required only if 2 or more travelers) m-/return to- USA | |
| 4. Itinerary & Trip Details Attach to this form: copy of trip itineral in event of an emergency. Attacch se | | | วน may be co | ntacted | |
| - List primary/secondary accomod | ations, including forei | gn address & foreign tel | ephone nun | nber of each location: | |
| - List general activities re: trip (i.e., | , attending conference | e/mtg, collecting data, fi | eld research | h, teaching, etc.,.) | |
| - Provide info on primary mode of | transportation at des | tination (i.e., taxi, car re | ntal, public | transportation, etc.,.) | |
| 5. Project Director Approval: | NAME | SIGN | IATIURE | | |
| 6. Signature of College Dean (or V | P) Approving Travel: | | | | |
| 7. Acknowledgement of Office of | | | | | |
| 8. Signature of Provost Approving SFSU President Approval: | | | | | |