



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

_____ *passport name
*Last Name *First 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.