

The Texas A&M University System Office of Risk Management
INTERNATIONAL TRAVEL QUESTIONNAIRE FOR EXTREME RISK COUNTRIES

Date: _____

Name of Traveler(s): _____

Member: _____

Purpose of Trip/Project and Benefit to the State of Texas:

Departure date from US: _____ Return date to the US: _____

Destination Country: _____

Destination City: _____

If you plan on traveling to more than one location, please list the regions and or towns you may visit:

What is the planned method of transportation while traveling within the country?

What are your housing accommodation plans?

Are you aware of current safety, health, and security concerns in your destination? Please very briefly elaborate below:

How do you plan to address these security concerns during your trip?

If traveling with a security detail, please provide information on how security firm was obtained and level of security:

Please list your destination contacts names, address, and phone numbers: