



LOUISIANA STATE UNIVERSITY

Louisiana State University
Office of Academic Affairs
156 Thomas Boyd Hall

REQUEST FOR DOMESTIC TRAVEL DURING COVID-19 OUTBREAK

Temp1

Traveler Details

Name: _____ LSUID: _____ Email: _____

Title: _____ Cell: _____

Department: _____ Business Manager Email: _____

Description of Travel

Dates of Travel: _____

Purpose of Proposed Travel: Research Conference Other (describe other): _____

Location (list all cities including potential connecting airports): _____

Risk Acknowledgement and Required Signatures

By submitting this form, I acknowledge that travel is exceptionally risky, due to the COVID-19 outbreak, and understand that I may experience travel disruptions which may result in cancellation of travel or extended stays. I further acknowledge and agree that I may be required to self-isolate for a period of 14 days upon my return.

Traveler: _____ Date: _____

Director/Dept. Head/Chair: _____ Date: _____

Approve Deny

Dean: _____ Date: _____

Approve Deny

Academic Affairs: _____ Date: _____

Approve Deny

Accounting Services: _____ Date: _____

Approve Deny