



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): _____

Account/Funding Source

Account Worktag: _____ Fund: _____

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