

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: