

Downstate Health Sciences University Office of Research Administration

**Foreign Travel Disclosure Form** 

To ensure compliance with the <u>Research Foundation's International Travel guidance</u> and Federal <u>Export Control</u> <u>requirements</u>, this form is required each time travel is planned outside the United States and allocated to Research Foundation funding at Downstate. Travelers must complete and submit this form a minimum of two weeks before all international travel. If it is decided that an export control license is needed, it may take up to two (2) months to secure.

| Traveler Information:          |                         |                            |                   |               |                |                   |
|--------------------------------|-------------------------|----------------------------|-------------------|---------------|----------------|-------------------|
| Legal Name:                    |                         |                            | Phone Num         | ber:          |                |                   |
| Email Address:                 |                         |                            | Department        | ::            |                |                   |
| Country of Citizenship:        |                         |                            |                   |               |                |                   |
| Trip Information:              |                         |                            |                   |               |                |                   |
| Business Purpose of Tra        | vel:                    |                            |                   |               |                |                   |
| Destination(s):                | Dates of Travel:        |                            |                   |               |                |                   |
| Project/Task/Award:            |                         |                            |                   |               |                |                   |
| Will you be working wit<br>YES | h foreign persor<br>NO  | ns, faculty, student       | s, educational    | institutions, | or businesses  | while traveling?  |
| If yes, please lis<br>working. | st the name(s) an       | nd institutional affi      | iliation(s) of tl | ne foreign pe | rsons with who | om you will be    |
| Will you transport any e       | encrypted softwa<br>YES | are, technology, ite<br>NO | ems, or data to   | o the foreign | country?       |                   |
|                                | If yes, pleas           | e describe.                |                   |               |                |                   |
| Will you be transporting       | g any equipmen          | t to a foreign coun        | try?              | YES           | NO             |                   |
| If yes, please lis             | st the equipmen         | t (i.e., laptop comp       | outer, cell pho   | ne, GPS).     |                |                   |
| Submit the completed f         | orm to BE Com           | alian ao Odouractot        | a adu If mar      | information   | or an ovnort o | ontrol liconco is |

Submit the completed form to RF\_Compliance@downstate.edu. If more information or an export control license is needed, the Export Control and Research Compliance Officer will contact you within 2 business days of submitting this form. Your travel advance and/or reimbursement may be delayed or determined to be unallowable if a Foreign Travel Disclosure Form is not on file before an international trip.

**Traveler's Signature:**