



Steward Observatory Business Office Proxy Registration Questionnaire



(Required for Foreign Travel ~ ALL Questions must be Answered)

1. Employee/DCC/Student First & Last Name: _____

2. Is the Traveler a DCC? YES NO DCC Type: Affiliate Associate

DCC-Affiliates are not covered by the state insurance program and the affiliate institution is responsible for providing duty of care and insurance. DCC-Associates and Volunteers may fall within the state insurance program and UA duty of care, which includes UA review and authorization of travel on behalf of UA.

3. What country are you a citizen of: _____

If a dual citizen, please also note under which passport will be used

4. Contact Information (Please list *TWO* means of communication while abroad):

1. _____

2. _____

5. Emergency Contact:

Name: _____ Telephone Number: _____

Email: _____

6. General Travel Experience (*)

- | | |
|---|--|
| <input type="checkbox"/> Frequent Traveler | <input type="checkbox"/> Novice Traveler |
| <input type="checkbox"/> Frequent Traveler with safety training / Expertise | <input type="checkbox"/> Occasional Traveler |

7. Experience in the destination(s)

- | | |
|---|--|
| <input type="checkbox"/> Area research knowledge, but no travel experience | <input type="checkbox"/> Previous travel to the destination(s) |
| <input type="checkbox"/> Extensive travel to the destinations | <input type="checkbox"/> Residential experience |
| <input type="checkbox"/> No experience | <input type="checkbox"/> Travel is from this area |
| <input type="checkbox"/> Previous travel in the area, but not to this/these destinations(s) | <input type="checkbox"/> Traveler is from this town/city |

8. What is the primary purpose for this travel? (*)

- | | |
|--|---|
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Other meetings |
| <input type="checkbox"/> Attending a conference | <input type="checkbox"/> Presenting at a conference |
| <input type="checkbox"/> Collaboration Development | <input type="checkbox"/> Sabbatical |
| <input type="checkbox"/> Faculty-Led study abroad Programs | <input type="checkbox"/> Visiting scholar |
| <input type="checkbox"/> Field Trip with students | <input type="checkbox"/> Archival research |
| <input type="checkbox"/> Graduate research for course credit | <input type="checkbox"/> Field Research |
| <input type="checkbox"/> Other _____ | |

9. Remote Locations

Describe or list travel to satellite locations, small villages, or other remote locales.

10. Is a Technology Control Plan involved in this travel? (*) YES NO

Does this travel include substances, software, technology, data, or equipment related to a project that is (or has been) protected with a Technology Control Plan (TCP)?

IF YES, well in advance of departure the University Export Control Program (UECP) must determine if government authorization is required. If needed, UECP will apply for the license. Authorization/licenses can take several months to receive from the government agency and travel with the item(s) cannot occur until the authorization or license is received.

11. Group Travel? YES NO

Is a group traveling?

IF YES, please list the members of the group and indicate if there is a **lead traveler** or **primary point of contact** organizing the travel plans. Please indicate the UA affiliation of members of the group (undergraduate student, graduate student, community members, DCC).

12. Is this travel essential in regards to activities or timing? (*) YES NO

IF YES, provide a brief statement explaining the essential nature and activities of this trip.

13. Lodging Information

Please enter the name(s) of anticipated hotel(s) or dormitory or address of house or apartment in each location and indicate if this is **designated** or **recommended** lodging. Please include website or physical address. If you are uncertain, indicate potential lodging options.

14. Are any ITAR materials involved in this travel? (*) YES NO

Will this travel involve any ITAR substances, software, technology, data, or equipment found on the United States Munitions List?

IF YES, a government authorization is required PRIOR to departure. The University Export Control Program (UECP) will need to apply for authorization from the U.S. Department of State's Directorate of Defense Trade Controls. Authorization/licenses can take several months to receive and travel with the item(s) cannot occur until the authorization/license is verified.

15. Will equipment be transported? (*) YES NO

Answer NO for general purpose off-the-shelf items such as laptops, flash drives, smartphones, iPads, cameras (e.g. used for general, unspecific photography), etc. **Answer YES** if you are taking items including test or specialized equipment or prototypes and describe the equipment and its use.

16. Is travel connected to a US federal contract or involve work on a U.S. military base? YES NO

Answer YES only if this travel is connected to a federal contract and the traveler will serve as a federal contractor or subcontractor or is on "lands occupied or used by the U.S. for military purposes in any territory or possession outside the United States." **This DOES NOT include federal grants.** **IF YES, an Application for Defense Base Act (DBA) Insurance must be submitted to Risk Management Services.** **Answer NO** if this travel is funded by a federal grant, cooperative research agreement, or any other funding source and is not on "lands occupied or used by the U.S. for military purposes in any territory or possession outside the United States."

17. Are any of the dates or locations included in this registration for personal travel? YES NO

Answer YES if personal travel is included in this registration and provide the dates and location(s).

18. Health & Safety Precautions (*)

- Alert other to medical concerns (including allergies)
- In-country support & contacts
- Provide itinerary changes to Emergency Contact
- Review country crime & safety information at <http://travel.state.gov/content/passports/en/country.ht>
- Review recommended immunizations and medications at <http://wwwnc.cdc.gov/Travel>
- Travel with Embassy/ Consulate Emergency Number
- Travel with a group
- Travel with emergency cash
- Use Chubb Travel app (<https://www.chubbtravelapp.com> with policy #PHFD3855170A 001)
- Provide Emergency Contact with number for UA International Emergency support (520)307-9576
- Travel with number for UA international Emergency support (520)307-9576 (call/text anytime)

19. Immunizations (*) YES NO

I understand that travelers are expected to consult the CDC Travelers' Health website regarding required and recommended vaccinations and to check for any Health Notices or Alerts. You may also consult UA Travel Clinic.

20. Insurance Coverage (*) YES NO

UA international travelers on UA business, including employees, students traveling as employees, students in professional training programs, and volunteers under the UA's direction, are provided insurance coverage for:

- Liability incurred abroad (including vehicle use),
- Emergency medical care, and for employees - work related injury benefits, and
- A variety of emergency assistance services, including emergency medical or emergency evacuation (for specific circumstances).

Students traveling abroad as part of a UA approved academic or research activity (other than Study Abroad) are provided coverage for emergency medical care and emergency services in the same manner as UA employees traveling on UA business. The program for emergency medical care covers unforeseen medical care needs only, and does not cover continuing care for existing conditions or routine appointments. Travelers that anticipate the need for continuing medical care while abroad must make their own arrangements for coverage. Liability coverage is also applicable for students traveling in an official UA capacity (employee or volunteer), and when international travel has been approved as a required part of the student's academic training program or curriculum. UA insurance coverage is not applicable for independent travel or research. For more information, see <http://risk.arizona.edu/international-travel>.

21. Department Head/Director/Dean Information (*)

Please provide the name, title, and email of the appropriate Department Head/Director/Dean, if additional approvals are needed

TRAVEL AUTHORIZATION FORM

T _____

* ALL TRAVEL AUTHORIZATIONS NEED TO BE FULLY SUBMITTED 30 DAYS PRIOR TO THE DEPARTURE DATE

TRAVELER INFORMATION

EMPLOYEE NAME: _____ EID /STUDENT ID #: _____

DUTY POST: _____ TYPE: EMPLOYEE STUDENT DCC

RESEARCH / BUSINESS PURPOSE

SUBMIT ATTACHMENT: EVENT ANNOUNCEMENT FLIGHT ITINERARY LODGING INFO OTHER _____

ACCOUNTING INFORMATION

PAID BY HOST: INSTITUTE: _____ TRAVEL ADVANCE NEEDED: _____

ACCOUNT NUMBER: _____ UNIT: _____ ADVANCE AMOUNT: \$ _____

ACCOUNT AND/OR UNIT RESPONSIBLE FOR ANY CHARGES IF INCURRED CHECK DIRECT DEPOSIT

TRAVEL ADVANCE: 10 DAYS TO PROCESS/ ISSUED 5 BUS. DAYS BEFORE DEPARTURE/ RECEIPTS ARE DUE WITHIN 30 DAYS OF RETURN

TRAVEL DETAILS

FY BLANKET TRAVEL: _____

START DATE - END DATE

TRAVEL TYPE: IN-STATE _____ MILES FROM DUTY POST DOMESTIC
(MUST BE 35 MILES FROM HOME/DUTY POST)

FOREIGN REGISTRY#: _____
(MUST BE FULLY SUBMITTED & APPROVED 30 DAYS PRIOR TO TRAVEL)

PRIMARY DESTINATION: _____
CITY STATE COUNTRY

CITY/STATE/COUNTRY DEPARTING FROM: _____ CITY/STATE/ COUNTRY RETURNING FROM: _____

DEPARTURE DATE: _____ RETURN DATE: _____

30 DAY TRAVEL: NUMBER OF WORK DAYS: _____ PERSONAL DATES: _____

*IF WORK DAYS EXCEEDS 30: DAY 1 THRU 7 WILL BE REIMBURSED AT THE FULL POLICY RATE & AFTER IT WILL BE 50% MEALS / 25% LODGING * * COST COMPARISONS ARE REQ. AT TIME OF PURCHASE IF NOT A DIRECT FLIGHT TO PRIMARY DESTINATION *

EXCEPTIONS

DESIGNATED LODGING: _____ JUSTIFICATION/REASON: _____
(EX. CAR UPGRADE/AIRLINE UPGRADE/EXTRA BAGGAGE)

MODE OF TRANSPORTATION:

- PERSONAL VEHICLE
- MOTOR POOL VEHICLE
- RENTAL CAR

P-CARD PURCHASE: AIRPLANE

WITH INTERNATIONAL TRAVEL THE "FLY AMERICA ACT" APPLIES / AN EXPLANATION IS REQUIRED FOR ALL TYPES OF UPGRADES

TRAVELER AGREEMENT AND FUNDING APPROVAL

TRAVELER SIGNATURE _____ DATE _____ PI / CO-PI / DELEGATE SIGNATURE _____ DATE _____