

MSUB FACULTY/STAFF FOREIGN TRAVEL INSURANCE REPORTING FORM

**Please send it via campus mail to: businessoffice@msubillings.edu or fax completed form to Risk Management and Safety at (406) 657-2051

*The below information must be reported to MSUB Risk Management & Safety for each trip to a foreign country or destination by **EACH MSUB** faculty or staff member prior to departure. Reporting all travel plans will confirm that foreign worker's compensation insurance coverage, foreign liability insurance coverage and travel assistance services are in effect for the employee's foreign travel.*

EMPLOYEE NAME: _____

DEPARTMENT: _____

TRAVELING TO (list all countries, cities not necessary):

PURPOSE OF TRAVEL: _____

DATE OF DEPARTURE: _____

DATE OF RETURN: _____

WILL STUDENTS ALSO PARTICIPATE IN TRAVEL?: Yes No

WILL OTHER FACULTY/STAFF PARTICIPATE IN TRAVEL?: Yes No

WILL FAMILY MEMBER(S) PARTICIPATE IN TRAVEL?: Yes No