

COVID-19 Domestic Travel Form

1. Who is traveling, including students, and what is the destination? (If multiple people, list all names.)

Ex: Name, title, email: Sally Jones, Grad student, sally.jones@ag.tamu.edu

2. What are the potential consequences of postponing your travel?

3. What alternatives have you considered for accomplishing the purpose of your proposed travel?

4. Document the protocols you will follow to minimize risk of exposure to yourself and others while traveling to/from your destination.

5. Document the protocols you will follow to minimize the risk of exposure to yourself and others while on-site.

6. How will you get to and from your destination? Will you be driving alone?

(Protocol strongly suggests one person per vehicle. If more than one occupant per vehicle, fill out the additional form *Vehicular Travel for Mission-Critical Research*.)

7. Where will you stay once you arrive? (One person per room. You cannot share rooms unless in same household.)

Name of person completing form: _____

Signature: _____

Date: _____

Directions:

- One form per trip.
- Upload completed and signed form to Concur.
- If multiple travelers are taking the same trip, complete one form. All travelers can upload the same form to Concur.