

The Research Foundation for SUNY/Buffalo State

Export Controls -- Foreign Travel Disclosure Form

Traveler's Legal Name:	Email:	
Department:	Phone Number:	
In accordance with the Research Foundation's Foreign Travel Policy form is required each time you will be traveling outside of the United technology, knowledge or ideas outside of the United States or to a persons, educational institutions, or businesses. Please complete and submit this form a minimum of two weeks prithat you will be traveling outside of the U.S. If it is determined that Business Purpose of the Travel; include country(ies) and city(ies).	ed States; and/or when transporting items, soft if foreign person in the U.S.; or when working with the contraction of the cont	ware, data, ith foreign soon as you know onths to secure.
Dates of Travel:	You are a citizen of what country:	
Will you be working with foreign persons, faculty, students, educati including meetings, presentations, discussions, and collaborations?	•	for your project, Yes No
If yes, please list the name(s) and institutional affiliation(s)	of the foreign persons with whom you will be v	vorking.
Will you be transporting any software, advanced technology, resear	rch results, or data to the foreign country?	Yes No
Will you be transporting any equipment to a foreign country?		Yes No
If yes, please list the equipment (i.e., laptop computer, cell equipment and/or its parts. Please include that informatio		CN code for the



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Have you received information regarding International Medical insurance?		Yes	s No
Will any dependents be traveling with you?		Yes	No
If yes, please list their full legal name and citizenship.			
Cell Phone Number used when travelling:			
Please sign and date, then submit the completed form to Sponsored need an Export Control license, the Export Control Officer will work with the applicable federal regulations. Travel to countries on the Tresident and Operations Manager. Your travel advance/reimburse appropriate process is not followed. Funding Source / Account Number:	with you to further investigate your co avel Advisories list requires prior approment may be delayed or determined	ompliance requi oval by the Can unallowable if	rements npus
Traveler's Signature:	Date:		
Research Foundation PI Signature:	Date:		
Chair / Director Signature:	Date:		
Export Controls Officer (or Designee):	Date:		
Export License Required?		Yes No	
If yes, attach copy or provide license number:			