



# Buffalo State / Research Foundation

## Export Controls

### Foreign Travel Disclosure Form

Traveler's Legal Name: \_\_\_\_\_

Email: \_\_\_\_\_

Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_

In accordance with the [Research Foundation's Foreign Travel Policy](#) and the [Federal Export Control requirements](#), this form is required each time you will be traveling outside of the United States; and /or when transporting items, software, data, or technology outside of the United States or to a foreign person in the U.S.; or when working with foreign persons, educational institutions, or businesses.

Please complete and submit this form a **minimum of two weeks** prior to all International Travel or (preferably) as soon as you know that you will be traveling outside of the U.S. **If it is determined that a license is required, it may take up to two (2) months to secure.**

-----  
Business Purpose of the Travel; include Country(ies) and City(ies): \_\_\_\_\_  
\_\_\_\_\_

Dates of Travel: \_\_\_\_\_

You are a citizen of what country: \_\_\_\_\_

Will you be working with foreign persons, faculty, students, educational institutions, or businesses while traveling 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 working.  
\_\_\_\_\_

Will you be transporting any encrypted software, technology, items, or data to a foreign country? Yes  No

If yes, please describe them below.  
\_\_\_\_\_

Will you be transporting any equipment to a foreign country? Yes  No

Yes  No

If yes, please list the equipment (i.e. laptop computer, cell phone, GPS). You are required to have the ECCN code for the equipment and/or its parts. Please include that information (available from the manufacturer) below.  
\_\_\_\_\_

Have you received information regarding International Medical insurance? Yes  No

Yes  No

Will any dependents be traveling with you? Yes  No

Yes  No

If yes, please list their full legal name and citizenship.  
\_\_\_\_\_

Cell Phone Number used when travelling: \_\_\_\_\_

Cell Phone Carrier: \_\_\_\_\_

\*\*\*\*\*

Please sign and date, then submit the completed form to the Research Foundation Office, Buckham Hall B206. If it is determined that you may need an Export Control license, the Accounts Payable Manager/Export Control Officer will work with you to further investigate your compliance requirements with the applicable federal regulations. Travel to countries on the [Federal Watch List](#) require prior approval by the Campus President and Operations Manager. **Your travel advance/reimbursement may be delayed or determined unallowable if the appropriate process is not followed.**

Funding Source / Account Number (Buffalo State or Research Foundation): \_\_\_\_\_

Traveler's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name / Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Approval from Buffalo State Supervisor or Research Foundation PI)