



Foreign Travel Questionnaire

To help us comply with reporting requirements imposed by our insurance carrier, please complete this form as far in advance as possible for any travel outside the United States.

CLIENT INFORMATION

Company Name:

Job Name:

Address:

Primary Contact:

Primary Phone:

Alternate Phone:

Email:

TRAVEL ITINERARY

Date of departure from U.S.:

Date of return to U.S.:

Please list your travel itinerary in chronological order:

City/ Region	Country	To and From Dates

Please list the personnel traveling: (Attach an additional sheet if necessary)

Name and Title	SSN (Last 4 Digits)	To and From Dates
	XXX - XX -	
	XXX - XX -	
	XXX - XX -	
	XXX - XX -	
	XXX - XX -	

TRAVEL DETAILS

Will you be traveling to any foreign countries listed here?

<http://www.treasury.gov/resource-center/sanctions/Programs/Pages/Programs.aspx>

☐ Yes ☐ No

Will any employees on a CAPS time card be involved in stunt work or pyrotechnics?

☐ Yes ☐ No

Will security measures be in place? If yes, please describe:

☐ Yes ☐ No

Once completed, this form can be faxed to 310-733-1802 or e-mailed to WorkersComp@capspayroll.com