Export Controls Review for International Travel

Name of K-State Employee:	
Department:	
College:	
Email:	
Phone:	
Name of Individual, Company, C	Organization, or Conference/Event:
Address of Individual, Company	y, Organization, or Location of Conference/Event:
Dates of Travel:	
	m any Foreign Entity. If applicable, please complete below: or Organization(s) Received Funding From:
Address of Company or Organiza	ation:
Country of Company or Organiza	ration:
sponsored travel, received or to be universities, in return for services consulting or other international	is: Receipt of salary, anything of value, or economic benefit, including be received from any foreign entity, including governments and as rendered or to be rendered. This includes fees received from private business activities, from any one entity or any government (including, for eign universities, foreign government, or public entity or institution).
Purpose of International Travel:	
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Signature		Date	
For URCO	Use Only		
	• RPS Results Ok	Yes □ No □	
	• Activities are export controlled	Yes □ No □	
	• Export control training has been completed	Yes □ No □	
Export Control	rols Review: Notes/Comments		
Name	Signature	Date	

If you have any questions, contact the University Research Compliance Office at 785-532-3224 or comply@ksu.edu