

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.

Will you be traveling to any foreign countries listed here? http://www.treasury.gov/resource-center/sanctions/Programs/Pages/Programs.aspx Will any employees on a CAPS time card be involved in stunt work or pyrotechnics? Yes No	CLIENT INFORMATION				
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	Company Name:		Job Name:		
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Email: TRAVEL ITINERARY Date of departure from 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) XXX - XX - XXY - XX - XYY - XYY - XY - XYY - XYY - XY - XYY -	Primary Contact:				
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Will security measures be in place? If yes, please describe: \square Yes \square No	Will any employees on a CAPS time card be involved in stunt work or pyrotechnics?			☐ Yes ☐ No	
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Once completed, this form can be faxed to 310-733-1802 or e-mailed to WorkersComp@capspayroll.com

Revised: August 19, 2016

Initials: ____ CAPS Producer