



Travel Security Checklist

Guiding tool in order to approve missions.

Date	Questions	Completed	Action Needed
	Staff Name: Local Contact Person:		
	Area/Country of Travel:		
	Does the staff member have any health condition that would not allow them to participate on this mission?		
	Is this country cleared for travel according to the travel policy?		
	Has your partner organization been consulted on the mission?		
	Has mission been approved by project manager?		