

# Business Trip Emergency Contact Form

Please complete this form prior to your departure. Print one copy to keep in your travel luggage and submit one copy to your department supervisor or HR representative.

## 1. Traveler Information

Full Name:

Employee ID:

Department:

Mobile Phone Number:

Email Address:

## 2. Trip Itinerary Details

Destination (City, Country):

Departure Date (DD/MM/YYYY):

Return Date (DD/MM/YYYY):

Primary Accommodation / Hotel Name:

Hotel Phone Number:

## 3. Primary Emergency Contact

Contact Full Name:

Relationship to Traveler:

Primary Phone Number:

Alternate Phone Number:

Email Address:

## 4. Secondary Emergency Contact

Contact Full Name:

Relationship to Traveler:

Primary Phone Number:

Alternate Phone Number:

Email Address:

## 5. Medical & Travel Insurance Information (Optional)

Insurance Provider:

Policy Number:

Insurance Emergency Hotline: