

**U.S. DEPARTMENT OF ENERGY
REQUEST FOR APPROVAL OF FOREIGN TRAVEL**

This form is provided as a convenience for the collection of Foreign Travel Request data. The form is intended for use as an offline resource to collect data necessary to support the Foreign Travel Management System (FTMS). Completion of the form is not considered sufficient in itself for satisfying DOE Order 551.1A, the data must still be entered into the FTMS for Department of Energy (DOE) tracking and monitoring. Specific questions on Foreign Travel or the completion of this form should be directed to your sites Senior FTMS Organizational Point of Contact (Sr. OPOC).

OMB Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of the Chief Information Officer, Records Management Division, IM-11, Paperwork Reduction Project (1910-5144), U.S. Department of Energy, 1000 Independence Ave SW, Washington, DC, 20585-1290; and to the Office of Management and Budget (OMB), OIRA, Paperwork Reduction Project (1910-5144), Washington, DC 20503

This form may be completed on your computer. Press TAB to jump from one field to the next.

Traveler Name: _____

Section I – Traveler Information (to be completed by Traveler)				
1. Program Office		1a. If Program Office is within NNSA, provide a PNTR number		
2. Last Name	First Name	Middle Name or NMN		
3. Do you have an SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last 4 digits of SSN (ex.xxx-xx-6789) ▶		
4. Passport Type		Passport Number	Expiration Date (mm/dd/yyyy)	Used for Trip?
1	<input type="checkbox"/> Regular <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic			<input type="checkbox"/>
2	<input type="checkbox"/> Regular <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic			<input type="checkbox"/>
3	<input type="checkbox"/> Regular <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic			<input type="checkbox"/>
5. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		6. Birth Place Country:		
7. Citizenship: (1)		8. Permanent Resident Green Card Holder? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(2)				
9. DOE Facility/Organization <small>Non-editable field that defaults to the site to which you are logged in. If the traveler does not work for DOE, provide further details about their employer in the Employee Type field.</small>		13. Employee Type: <input type="checkbox"/> DOE Federal Employee <input type="checkbox"/> Other Federal Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Foreign National <input type="checkbox"/> University <input type="checkbox"/> Invitational Traveler		
10. Local Organization/Department		If non-DOE specify the name of the employer:		
11. Local Facility:				
12. Local ID:				
14. Employment Address Street Address _____				
City		State	ZIP Code	Country
15. Contact Information				
Phone Type			Phone Number (domestic example: 703-555-5555)	
1	<input type="checkbox"/> Work Phone <input type="checkbox"/> Work Fax <input type="checkbox"/> Home Phone <input type="checkbox"/> Domestic Cell <input type="checkbox"/> International Cell			
2	<input type="checkbox"/> Work Phone <input type="checkbox"/> Work Fax <input type="checkbox"/> Home Phone <input type="checkbox"/> Domestic Cell <input type="checkbox"/> International Cell			
3	<input type="checkbox"/> Work Phone <input type="checkbox"/> Work Fax <input type="checkbox"/> Home Phone <input type="checkbox"/> Domestic Cell <input type="checkbox"/> International Cell			
4	<input type="checkbox"/> Work Phone <input type="checkbox"/> Work Fax <input type="checkbox"/> Home Phone <input type="checkbox"/> Domestic Cell <input type="checkbox"/> International Cell			
5	<input type="checkbox"/> Work Phone <input type="checkbox"/> Work Fax <input type="checkbox"/> Home Phone <input type="checkbox"/> Domestic Cell <input type="checkbox"/> International Cell			
e-mail Address:				Primary Address (for password reset; check only one)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
16. Position/Title				
17. Indicate whether you have a security clearance. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, indicate highest level received: <input type="checkbox"/> Top Secret <input type="checkbox"/> Secret <input type="checkbox"/> Q <input type="checkbox"/> L <input type="checkbox"/> Other				

Traveler Name: _____

Section I – Traveler Information (to be completed by Traveler)

18. Notes to other OPOCs.

Empty rectangular box for notes to other OPOCs.

Traveler Name: _____

Section II – General Trip Information (to be completed by Traveler)

Use additional general trip information pages as required. Account for all funding types estimated for this trip request.

19. Place of Departure (City, State/Province, Country)

20. Departure Date (mm/dd/yyyy)

21. Return Date (mm/dd/yyyy)

22. Estimated travel costs by funding type

Primary Sponsor	Funding Type	Program Office	Project No.	Task No.	Funding Code	Title	Estimated Airfare	Estimated Other
<input type="checkbox"/>	<input type="checkbox"/> DOE <input type="checkbox"/> Non-DOE <input type="checkbox"/> Foreign <input type="checkbox"/> DOE Overhead <input type="checkbox"/> Salary							
<input type="checkbox"/>	<input type="checkbox"/> DOE <input type="checkbox"/> Non-DOE <input type="checkbox"/> Foreign <input type="checkbox"/> DOE Overhead <input type="checkbox"/> Salary							
<input type="checkbox"/>	<input type="checkbox"/> DOE <input type="checkbox"/> Non-DOE <input type="checkbox"/> Foreign <input type="checkbox"/> DOE Overhead <input type="checkbox"/> Salary							
<input type="checkbox"/>	<input type="checkbox"/> DOE <input type="checkbox"/> Non-DOE <input type="checkbox"/> Foreign <input type="checkbox"/> DOE Overhead <input type="checkbox"/> Salary							

23. Type of Travel:

- Airfare – Coach
 Train – Coach
 Vehicle Rental – Premium
 None
 Airfare – Premium
 Train – Premium
 Vehicle – Privately Owned

Carrier Name

Flight Number

Departure Point

Departure Date

Departure Time : AM PM

Arrival Point

Arrival Date

Arrival Time : AM PM

Type of Travel

- Airfare – Coach
 Train – Coach
 Vehicle Rental – Premium
 None
 Airfare – Premium
 Train – Premium
 Vehicle – Privately Owned

Carrier Name

Flight Number

Departure Point

Departure Date

Departure Time : AM PM

Arrival Point

Arrival Date

Arrival Time : AM PM

(Additional entries are available at the end of this form.)

24. Give justification of premium travel:

Traveler Name: _____

Section II – General Trip Information (to be completed by Traveler)	
25. Names and Organizations of Headquarters personnel with whom trip has been coordinated	
Org. Code	Contact Name
26. Names and Organizations of other personnel with whom you are traveling as a team:	
27. Benefit to Government (include benefit to present position and the Department):	
28. Type of Assignment	
<input checked="" type="checkbox"/> Temporary Duty <input type="checkbox"/> Permanent Change of Station <input type="checkbox"/> Temporary Change of Station <input type="checkbox"/> Transfers to International Organizations <input type="checkbox"/> Cost Fee Expert	
29. Comments	
General comments regarding trip request:	
Specify any paper attachments to this form:	
Place of return (if not the same as the departure city) and reason:	
30. Field TR (Reference) Number	
31. Has the traveler contacted his/her Medical Support Staff to ensure awareness of safety and health issues of the country(ies) to be visited? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments (1000 characters max.)	
32. Will the traveler be taking DOE or Laboratory owned equipment on this travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Traveler Name: _____

Section II – General Trip Information (to be completed by Traveler)

Comments (1000 characters max.)

Traveler Name: _____

Itinerary 1

Section III – Trip Itinerary (to be completed by Traveler)

Use additional itinerary pages as required. Account for the entire time between departure and return. Complete a separate itinerary for each city/country to be visited and for each personal or leave period.

33a. Is this part of the trip associated with a conference? Yes No
 If yes, specify conference name, start and end dates, country-city of the conference, and the conference URL below (if known).

33b. Will anyone from a DOE-designated sensitive country be in attendance at this conference? Yes No Unknown

Conference Name	Conference URL (if known)
-----------------	---------------------------

34. Destination Country-City

35. Start Date (mm/dd/yyyy)	36. End Date (mm/dd/yyyy)
-----------------------------	---------------------------

37a. Select One or More Primary Purpose(s):

<input type="checkbox"/> Professional conference or workshop <input type="checkbox"/> Seminar/Symposium <input type="checkbox"/> Working group or colloquia (scientific meeting) <input type="checkbox"/> Site Visit <input type="checkbox"/> R and D activities under an informal lab-to-lab or government-to-government agreement <input type="checkbox"/> Meeting(s) on scientific, technical, project, or programmatic matters	<input type="checkbox"/> Procurement-related matters <input type="checkbox"/> Official Stop Over <input type="checkbox"/> Personal Leave <input type="checkbox"/> IAEA Travel <input type="checkbox"/> LDRD Project Work <input type="checkbox"/> Permanent Change of Station <input type="checkbox"/> Other(s)
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If Personal Leave, enter any additional information (dates, contacts, etc.):

37b. List other primary purpose:

38. Justify Trip Purpose (i.e. topics to be discussed, formal presentation, or paper):

This part of the trip involves:

39. Yes No Lab-to-Lab agreement?

40. Yes No University-to-Lab agreement?

41. Yes No International agreement? If yes, enter agreement name:

42. Yes No Will classified information be discussed?

43. Yes No Will you be interacting with anyone from a DOE-designated sensitive country?

44. Yes No Does this Itinerary involve training?

45. Yes No Will any part of the trip discuss sensitive subjects as defined by DOE's Sensitive Subject List?

46. Yes No Will any part of the trip involve information that is subject to U.S. Export Control restrictions? If yes, please provide details.

47. Yes No Meetings with senior government official(s)?
 Provide official's name, position, and contact information. Describe meeting goals.

Traveler Name: _____

Section III – Trip Itinerary (to be completed by Traveler)

48. Embassy Assistance

Does the traveler require the post to arrange lodging accommodations? Please describe: (Please do not exceed 2000 characters.)

Does the traveler require the post to arrange airport assistance or transportation? Please describe: (Please do not exceed 2000 characters.)

Will the traveler be traveling with an accompanying pouch? Please describe: (Please do not exceed 2000 characters.)

Does the traveler require an appointment with someone? Please describe: (Please do not exceed 2000 characters.)

Does the traveler require any other assistance? Please describe: (Please do not exceed 2000 characters.)

Fiscal Data: Please describe: (Please do not exceed 2000 characters.)

Any Other Comments/Remarks: Please describe: (Please do not exceed 4000 characters.)

49. Contacts

Host Name	Host Phone	Affiliated Institution	Facility to be Visited	Date Visited

Hotel/Lodging Name	Hotel/Lodging Phone	Hotel/Lodging Name	Hotel/Lodging Phone

Traveler Name: _____

Itinerary 2

Section III – Trip Itinerary (to be completed by Traveler)

Use additional itinerary pages as required. Account for the entire time between departure and return. Complete a separate itinerary for each city/country to be visited and for each personal or leave period.

33a. Is this part of the trip associated with a conference? Yes No
 If yes, specify conference name, start and end dates, country-city of the conference, and the conference URL below (if known).

33b. Will anyone from a DOE-designated sensitive country be in attendance at this conference? Yes No Unknown

Conference Name	Conference URL (if known)
-----------------	---------------------------

34. Destination Country-City

35. Start Date (mm/dd/yyyy)	36. End Date (mm/dd/yyyy)
-----------------------------	---------------------------

37a. Select One or More Primary Purpose(s):

<input type="checkbox"/> Professional conference or workshop <input type="checkbox"/> Seminar/Symposium <input type="checkbox"/> Working group or colloquia (scientific meeting) <input type="checkbox"/> Site Visit <input type="checkbox"/> R and D activities under an informal lab-to-lab or government-to-government agreement <input type="checkbox"/> Meeting(s) on scientific, technical, project, or programmatic matters	<input type="checkbox"/> Procurement-related matters <input type="checkbox"/> Official Stop Over <input type="checkbox"/> Personal Leave <input type="checkbox"/> IAEA Travel <input type="checkbox"/> LDRD Project Work <input type="checkbox"/> Permanent Change of Station <input type="checkbox"/> Other(s)
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If Personal Leave, enter any additional information (dates, contacts, etc.):

37b. List other primary purpose:

38. Justify Trip Purpose (i.e. topics to be discussed, formal presentation, or paper):

This part of the trip involves:

39. Yes No Lab-to-Lab agreement?

40. Yes No University-to-Lab agreement?

41. Yes No International agreement? If yes, enter agreement name:

42. Yes No Will classified information be discussed?

43. Yes No Will you be interacting with anyone from a DOE-designated sensitive country?

44. Yes No Does this Itinerary involve training?

45. Yes No Will any part of the trip discuss sensitive subjects as defined by DOE's Sensitive Subject List?

46. Yes No Will any part of the trip involve information that is subject to U.S. Export Control restrictions? If yes, please provide details.

47. Yes No Meetings with senior government official(s)?
 Provide official's name, position, and contact information. Describe meeting goals.

Traveler Name: _____

Section III – Trip Itinerary (to be completed by Traveler)

48. Embassy Assistance

Does the traveler require the post to arrange lodging accommodations? Please describe: (Please do not exceed 2000 characters.)

Does the traveler require the post to arrange airport assistance or transportation? Please describe: (Please do not exceed 2000 characters.)

Will the traveler be traveling with an accompanying pouch? Please describe: (Please do not exceed 2000 characters.)

Does the traveler require an appointment with someone? Please describe: (Please do not exceed 2000 characters.)

Does the traveler require any other assistance? Please describe: (Please do not exceed 2000 characters.)

Fiscal Data: Please describe: (Please do not exceed 2000 characters.)

Any Other Comments/Remarks: Please describe: (Please do not exceed 4000 characters.)

49. Contacts

Host Name	Host Phone	Affiliated Institution	Facility to be Visited	Date Visited
Hotel/Lodging Name	Hotel/Lodging Phone	Hotel/Lodging Name	Hotel/Lodging Phone	

Traveler Name: _____

Itinerary 3

Section III – Trip Itinerary (to be completed by Traveler)

Use additional itinerary pages as required. Account for the entire time between departure and return. Complete a separate itinerary for each city/country to be visited and for each personal or leave period.

33a. Is this part of the trip associated with a conference? Yes No
 If yes, specify conference name, start and end dates, country-city of the conference, and the conference URL below (if known).

33b. Will anyone from a DOE-designated sensitive country be in attendance at this conference? Yes No Unknown

Conference Name	Conference URL (if known)
-----------------	---------------------------

34. Destination Country-City

35. Start Date (mm/dd/yyyy)	36. End Date (mm/dd/yyyy)
-----------------------------	---------------------------

37a. Select One or More Primary Purpose(s):

<input type="checkbox"/> Professional conference or workshop <input type="checkbox"/> Seminar/Symposium <input type="checkbox"/> Working group or colloquia (scientific meeting) <input type="checkbox"/> Site Visit <input type="checkbox"/> R and D activities under an informal lab-to-lab or government-to-government agreement <input type="checkbox"/> Meeting(s) on scientific, technical, project, or programmatic matters	<input type="checkbox"/> Procurement-related matters <input type="checkbox"/> Official Stop Over <input type="checkbox"/> Personal Leave <input type="checkbox"/> IAEA Travel <input type="checkbox"/> LDRD Project Work <input type="checkbox"/> Permanent Change of Station <input type="checkbox"/> Other(s)
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If Personal Leave, enter any additional information (dates, contacts, etc.):

37b. List other primary purpose:

38. Justify Trip Purpose (i.e. topics to be discussed, formal presentation, or paper):

This part of the trip involves:

39. Yes No Lab-to-Lab agreement?

40. Yes No University-to-Lab agreement?

41. Yes No International agreement? If yes, enter agreement name:

42. Yes No Will classified information be discussed?

43. Yes No Will you be interacting with anyone from a DOE-designated sensitive country?

44. Yes No Does this Itinerary involve training?

45. Yes No Will any part of the trip discuss sensitive subjects as defined by DOE's Sensitive Subject List?

46. Yes No Will any part of the trip involve information that is subject to U.S. Export Control restrictions? If yes, please provide details.

47. Yes No Meetings with senior government official(s)?
 Provide official's name, position, and contact information. Describe meeting goals.

Traveler Name: _____

Section III – Trip Itinerary (to be completed by Traveler)

48. Embassy Assistance

Does the traveler require the post to arrange lodging accommodations? Please describe: (Please do not exceed 2000 characters.)

Does the traveler require the post to arrange airport assistance or transportation? Please describe: (Please do not exceed 2000 characters.)

Will the traveler be traveling with an accompanying pouch? Please describe: (Please do not exceed 2000 characters.)

Does the traveler require an appointment with someone? Please describe: (Please do not exceed 2000 characters.)

Does the traveler require any other assistance? Please describe: (Please do not exceed 2000 characters.)

Fiscal Data: Please describe: (Please do not exceed 2000 characters.)

Any Other Comments/Remarks: Please describe: (Please do not exceed 4000 characters.)

49. Contacts

Host Name	Host Phone	Affiliated Institution	Facility to be Visited	Date Visited
Hotel/Lodging Name	Hotel/Lodging Phone	Hotel/Lodging Name	Hotel/Lodging Phone	

Traveler Name: _____

Itinerary 4

Section III – Trip Itinerary (to be completed by Traveler)

Use additional itinerary pages as required. Account for the entire time between departure and return. Complete a separate itinerary for each city/country to be visited and for each personal or leave period.

33a. Is this part of the trip associated with a conference? Yes No
 If yes, specify conference name, start and end dates, country-city of the conference, and the conference URL below (if known).

33b. Will anyone from a DOE-designated sensitive country be in attendance at this conference? Yes No Unknown

Conference Name	Conference URL (if known)
-----------------	---------------------------

34. Destination Country-City

35. Start Date (mm/dd/yyyy)	36. End Date (mm/dd/yyyy)
-----------------------------	---------------------------

37a. Select One or More Primary Purpose(s):

<input type="checkbox"/> Professional conference or workshop	<input type="checkbox"/> Procurement-related matters
<input type="checkbox"/> Seminar/Symposium	<input type="checkbox"/> Official Stop Over
<input type="checkbox"/> Working group or colloquia (scientific meeting)	<input type="checkbox"/> Personal Leave
<input type="checkbox"/> Site Visit	<input type="checkbox"/> IAEA Travel
<input type="checkbox"/> R and D activities under an informal lab-to-lab or government-to-government agreement	<input type="checkbox"/> LDRD Project Work
<input type="checkbox"/> Meeting(s) on scientific, technical, project, or programmatic matters	<input type="checkbox"/> Permanent Change of Station
	<input type="checkbox"/> Other(s)

If Personal Leave, enter any additional information (dates, contacts, etc.):

37b. List other primary purpose:

38. Justify Trip Purpose (i.e. topics to be discussed, formal presentation, or paper):

This part of the trip involves:

39. Yes No Lab-to-Lab agreement?

40. Yes No University-to-Lab agreement?

41. Yes No International agreement? If yes, enter agreement name:

42. Yes No Will classified information be discussed?

43. Yes No Will you be interacting with anyone from a DOE-designated sensitive country?

44. Yes No Does this Itinerary involve training?

45. Yes No Will any part of the trip discuss sensitive subjects as defined by DOE's Sensitive Subject List?

46. Yes No Will any part of the trip involve information that is subject to U.S. Export Control restrictions? If yes, please provide details.

47. Yes No Meetings with senior government official(s)? Provide official's name, position, and contact information. Describe meeting goals.

Traveler Name: _____

Section III – Trip Itinerary (to be completed by Traveler)

48. Embassy Assistance

Does the traveler require the post to arrange lodging accommodations? Please describe: (Please do not exceed 2000 characters.)

Does the traveler require the post to arrange airport assistance or transportation? Please describe: (Please do not exceed 2000 characters.)

Will the traveler be traveling with an accompanying pouch? Please describe: (Please do not exceed 2000 characters.)

Does the traveler require an appointment with someone? Please describe: (Please do not exceed 2000 characters.)

Does the traveler require any other assistance? Please describe: (Please do not exceed 2000 characters.)

Fiscal Data: Please describe: (Please do not exceed 2000 characters.)

Any Other Comments/Remarks: Please describe: (Please do not exceed 4000 characters.)

49. Contacts

Host Name	Host Phone	Affiliated Institution	Facility to be Visited	Date Visited

Hotel/Lodging Name	Hotel/Lodging Phone	Hotel/Lodging Name	Hotel/Lodging Phone

Traveler Name: _____

Itinerary 5

Section III – Trip Itinerary (to be completed by Traveler)

Use additional itinerary pages as required. Account for the entire time between departure and return. Complete a separate itinerary for each city/country to be visited and for each personal or leave period.

33a. Is this part of the trip associated with a conference? Yes No
 If yes, specify conference name, start and end dates, country-city of the conference, and the conference URL below (if known).

33b. Will anyone from a DOE-designated sensitive country be in attendance at this conference? Yes No Unknown

Conference Name	Conference URL (if known)
-----------------	---------------------------

34. Destination Country-City

35. Start Date (mm/dd/yyyy)	36. End Date (mm/dd/yyyy)
-----------------------------	---------------------------

37a. Select One or More Primary Purpose(s):

<input type="checkbox"/> Professional conference or workshop	<input type="checkbox"/> Procurement-related matters
<input type="checkbox"/> Seminar/Symposium	<input type="checkbox"/> Official Stop Over
<input type="checkbox"/> Working group or colloquia (scientific meeting)	<input type="checkbox"/> Personal Leave
<input type="checkbox"/> Site Visit	<input type="checkbox"/> IAEA Travel
<input type="checkbox"/> R and D activities under an informal lab-to-lab or government-to-government agreement	<input type="checkbox"/> LDRD Project Work
<input type="checkbox"/> Meeting(s) on scientific, technical, project, or programmatic matters	<input type="checkbox"/> Permanent Change of Station
	<input type="checkbox"/> Other(s)

If Personal Leave, enter any additional information (dates, contacts, etc.):

37b. List other primary purpose:

38. Justify Trip Purpose (i.e. topics to be discussed, formal presentation, or paper):

This part of the trip involves:

39. Yes No Lab-to-Lab agreement?

40. Yes No University-to-Lab agreement?

41. Yes No International agreement? If yes, enter agreement name:

42. Yes No Will classified information be discussed?

43. Yes No Will you be interacting with anyone from a DOE-designated sensitive country?

44. Yes No Does this Itinerary involve training?

45. Yes No Will any part of the trip discuss sensitive subjects as defined by DOE's Sensitive Subject List?

46. Yes No Will any part of the trip involve information that is subject to U.S. Export Control restrictions? If yes, please provide details.

47. Yes No Meetings with senior government official(s)? Provide official's name, position, and contact information. Describe meeting goals.

Traveler Name: _____

Section III – Trip Itinerary (to be completed by Traveler)

48. Embassy Assistance

Does the traveler require the post to arrange lodging accommodations? Please describe: (Please do not exceed 2000 characters.)

Does the traveler require the post to arrange airport assistance or transportation? Please describe: (Please do not exceed 2000 characters.)

Will the traveler be traveling with an accompanying pouch? Please describe: (Please do not exceed 2000 characters.)

Does the traveler require an appointment with someone? Please describe: (Please do not exceed 2000 characters.)

Does the traveler require any other assistance? Please describe: (Please do not exceed 2000 characters.)

Fiscal Data: Please describe: (Please do not exceed 2000 characters.)

Any Other Comments/Remarks: Please describe: (Please do not exceed 4000 characters.)

49. Contacts

Host Name	Host Phone	Affiliated Institution	Facility to be Visited	Date Visited
Hotel/Lodging Name	Hotel/Lodging Phone	Hotel/Lodging Name	Hotel/Lodging Phone	

Traveler Name: _____

24. Additional Types of Travel

Type of Travel:

<input type="checkbox"/> Airfare – Coach	<input type="checkbox"/> Train – Coach	<input type="checkbox"/> Vehicle Rental – Premium	<input type="checkbox"/> None
<input type="checkbox"/> Airfare – Premium	<input type="checkbox"/> Train – Premium	<input type="checkbox"/> Vehicle – Privately Owned	
Carrier Name	Flight Number		
Departure Point	Departure Date	Departure Time	: <input type="checkbox"/> AM <input type="checkbox"/> PM
Arrival Point	Arrival Date	Arrival Time	: <input type="checkbox"/> AM <input type="checkbox"/> PM

Type of Travel

<input type="checkbox"/> Airfare – Coach	<input type="checkbox"/> Train – Coach	<input type="checkbox"/> Vehicle Rental – Premium	<input type="checkbox"/> None
<input type="checkbox"/> Airfare – Premium	<input type="checkbox"/> Train – Premium	<input type="checkbox"/> Vehicle – Privately Owned	
Carrier Name	Flight Number		
Departure Point	Departure Date	Departure Time	: <input type="checkbox"/> AM <input type="checkbox"/> PM
Arrival Point	Arrival Date	Arrival Time	: <input type="checkbox"/> AM <input type="checkbox"/> PM

Type of Travel

<input type="checkbox"/> Airfare – Coach	<input type="checkbox"/> Train – Coach	<input type="checkbox"/> Vehicle Rental – Premium	<input type="checkbox"/> None
<input type="checkbox"/> Airfare – Premium	<input type="checkbox"/> Train – Premium	<input type="checkbox"/> Vehicle – Privately Owned	
Carrier Name	Flight Number		
Departure Point	Departure Date	Departure Time	: <input type="checkbox"/> AM <input type="checkbox"/> PM
Arrival Point	Arrival Date	Arrival Time	: <input type="checkbox"/> AM <input type="checkbox"/> PM

Type of Travel

<input type="checkbox"/> Airfare – Coach	<input type="checkbox"/> Train – Coach	<input type="checkbox"/> Vehicle Rental – Premium	<input type="checkbox"/> None
<input type="checkbox"/> Airfare – Premium	<input type="checkbox"/> Train – Premium	<input type="checkbox"/> Vehicle – Privately Owned	
Carrier Name	Flight Number		
Departure Point	Departure Date	Departure Time	: <input type="checkbox"/> AM <input type="checkbox"/> PM
Arrival Point	Arrival Date	Arrival Time	: <input type="checkbox"/> AM <input type="checkbox"/> PM

Type of Travel

<input type="checkbox"/> Airfare – Coach	<input type="checkbox"/> Train – Coach	<input type="checkbox"/> Vehicle Rental – Premium	<input type="checkbox"/> None
<input type="checkbox"/> Airfare – Premium	<input type="checkbox"/> Train – Premium	<input type="checkbox"/> Vehicle – Privately Owned	
Carrier Name	Flight Number		
Departure Point	Departure Date	Departure Time	: <input type="checkbox"/> AM <input type="checkbox"/> PM
Arrival Point	Arrival Date	Arrival Time	: <input type="checkbox"/> AM <input type="checkbox"/> PM

Traveler Name: _____

Reviews and Approvals				
1. Local Approver				
Name	Approver Site	Result: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Pass	Signature	Date (mm/dd/yyyy)
Comments:				
2. Local Approver				
Name	Approver Site	Result: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Pass	Signature	Date (mm/dd/yyyy)
Comments:				
3. Local Approver				
Name	Approver Site	Result: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Pass	Signature	Date (mm/dd/yyyy)
Comments:				
4. Head of Organization				
Name	Approver Site	Result: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Pass	Signature	Date (mm/dd/yyyy)
Comments:				
5. Programmatic RPSO				
Name	Approver Site	Result: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Pass	Signature	Date (mm/dd/yyyy)
Comments:				
6. Funding RPSO				
Name	Approver Site	Result: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Pass	Signature	Date (mm/dd/yyyy)
Comments:				