

Travel Information Form

Traveler

Last Name: _____

First Name: _____

City of Residence: _____

Emergency Contact

Name: _____

Telephone: _____

Trip Information

Departure Date: _____ Preferred Departure Time: _____

Departing from (City): _____

Name of Airport/Train Station (departing from): _____

Return Date: _____ Preferred Return Time: _____

Returning to (City): _____

Name of Airport/Train Station (returning to): _____

Is there personal travel included in this trip? _____

If yes, please give the dates of the personal travel: _____

Complete and return to Tracey Wilkerson at tracey.wilkerson@cfpb.gov.

To be completed by Admin personnel:

Auth. Submitted _____

Auth. Approved _____

Itinerary sent to Traveler _____

Notes:

Privacy Act Statement

The information that you provide will be used by the Consumer Financial Protection Bureau (CFPB) to make travel arrangements regarding your appointment as an advisory board member, panel, committee, or other group membership, or for employment for the United States Government. The information will be used by and disclosed to employees, contractors, agents and others authorized by the CFPB to receive this information to assist in related activities. The information may also be disclosed in accordance with the routine uses outlined in the General Services Administration's (GSA) published Privacy Act system of records notice, *GSA/GOVT-4 – Contracted Travel Services Program*, July 6, 2009 [74 FR 26700].

The collection of this information is authorized by 31 U.S.C. 3511, 3512, and 3523; 5 U.S.C. Chapter 57; and implementing Federal Travel Regulations (41 CFR Chapters 300-304).

You are not required to submit any identifying information. However, not doing so may prohibit travel arrangements or reimbursement from being processed.

Paperwork Reduction Act

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this collection is 3170-XXXX. It expires on MM/DD/YYYY. The time required to complete this information collection is estimated to average approximately 10 minutes per response, including the time for reviewing any instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection of information is voluntary. Comments regarding this collection of information, including the estimated response time, suggestions for improving the usefulness of the information, or suggestions for reducing the burden to respond to this collection should be submitted to Bureau at the Consumer Financial Protection Bureau (Attention: PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to CFPB_Public_PRA@cfpb.gov.

The Bureau will not disclose any personally identifiable information collected except to the extent that it is required to do so by law and as provided in the Privacy Act Statement listed above. Additionally, the Bureau will treat the information collected consistent with its confidentiality regulations at 12 C.F.R. Part 1070, *et seq.*