

## 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](mailto:tracey.wilkerson@cfpb.gov).

#### *To be completed by Admin personnel:*

Auth. Submitted \_\_\_\_\_

Auth. Approved \_\_\_\_\_

Itinerary sent to Traveler \_\_\_\_\_

Notes:

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### **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.*