

Travel Information Form Advisory Board and Councils Office

Traveler

First Name: _____

Last Name: _____

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:

Once you have completed the form please save the document to your desktop and return to *Crystal Dully* with the Advisory Board and Councils Office at Crystal.Dully@cfpb.gov.

Notes:

Privacy Act Statement

5 U.S.C. § 552a(e)(3)

The information you provide to the Consumer Financial Protection Bureau ("CFPB") will be used to enable travel service providers under contract to the Federal Government to authorize, issue, and account for travel and travel reimbursements provided to individuals on official Federal Government business.

Information collected by the CFPB may be used by and disclosed to employees, contractors, agents, and others authorized by the CFPB to receive this information to assist in related activities. It may also be disclosed:

- to another Federal agency, Travel Management Center (TMC), online booking engine suppliers and the airlines that are required to support the DHS/TSA Secure Flight program;
- to a Federal agency employee, expert, consultant, or contractor in performing a Federal duty for purposes of authorizing, arranging, and/or claiming reimbursement for official travel, including, but not limited to, traveler profile information;
- to a travel services provider for billing and refund purposes; and
- pursuant to the government-wide published Privacy Act system of records notice, [GSA/G OVT-4 Contracted Travel Services Program](#), 41 FR26700.

The collection of this information is authorized by Public Law 97-258, 101-576, 97-258, codified at 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 or provide any identifying information; however, if you choose not to provide the information, the CFPB may not be able to provide travel services.

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 3170-0037. 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_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 below. Additionally, the Bureau will treat the information collected consistent with its confidentiality regulations at 12 C.F.R. Part 1070, *et seq.*