OMB Control Number: 3133-New
Expiration Date:

NCUA Team Request Form

Please submit this completed form to the Office of the Chief Financial Officer (OCFO) at concur@ncua.gov, at least four (4) business days prior to travel with the subject title "Travel Request Departing – MM DD YY".

Travel Information

Travel Type:

- Essential Travel ☐
- Non-Essential Travel ☐

Type of Request:

- Air ☐
  Round trip ☐ One-way ☐ Multi-city ☐
- Rail ☐
- Car ☐
- Hotel ☐
- Preferred Hotel Name/Address Click or tap here to enter text.
- Departure Date: Click or tap here to enter text.
- Departure Location: Click or tap here to enter text.
- Return Date: Click or tap here to enter text.
- Return Location: Click or tap here to enter text.
- Arrival Time (include time zone/Preferred Flight #): Click or tap here to enter text.
- Return Time (include time zone/Preferred Flight #): Click or tap here to enter text.
- Special Request: Click or tap here to enter text.
- Supervisor's Authorization (see page 2): Yes ☐ No ☐

Passenger Information

ADTRAV would like to remind you that the Transportation Security Administration (TSA) requires your full name on your airline reservation to **exactly match** the name on your government-issued photo ID. Please ensure all details are correct to avoid any issues at the airport. Please include a cell phone number for the carrier and ADTRAV to contact you in case of weather delays or cancellations.

- Name (Last, First, Full Middle): Click or tap here to enter text.
- Guest Type: Choose an item.
- Date of Birth: Click or tap here to enter text.
- Sex: Click or tap here to enter text.
- Employee ID: Click or tap here to enter text.
- Duty Station: Click or tap here to enter text.

- Cell Phone: Click or tap here to enter text.
- Known Traveler #: Click or tap here to enter text.
- Frequent Flyer # (include airline name): Click or tap here to enter text.
- Seat Preference: Choose an item.

Arranger Contact Information

- Arranger Name: Click or tap here to enter text.
- Cell/Work Phone: Click or tap here to enter text.
- Work Email: Click or tap here to enter text.

Budget Source

- Cost Center: Click or tap here to enter text. Fund: Choose an item.Office: Choose an item.
- Purpose of Trip: Choose an item.
- Include Brief Explanation: Click or tap here to enter text.
- CBA Card: Choose an item.

Supervisor's Authorization

Supervisor's Signature:		**Date:**	

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement explains why the National Credit Union Administration (NCUA) requests the information on this form.

AUTHORITY: 5 U.S.C. Chapter 57; 12 U.S.C. 1751 et seq. Disclosure of the requested information is not mandatory.

PURPOSE: To allow the National Credit Union Administration (NCUA), through its contracted travel service provider, to request and manage centrally-billed official travel for NCUA employees and non-NCUA individuals.

ROUTINE USE(S): The information provided may be shared with booking engine suppliers and with certified air carriers as required by the Transportation Security Administration (TSA) Secure Flight Program. The information may also be shared with other federal agencies and other regulatory authorities when appropriate. A complete list of routine uses is available at GSA/GOVT-4, Contracted Travel Services Program (74 FR 26700), and NCUA-19, NCUA Financial and Acquisition Management System (81 FR 83281).

EFFECTS OF NOT PROVIDING INFORMATION: Providing the requested information is voluntary. However, failure to provide some or all the information may prevent the NCUA from requesting or funding official travel.

SORN: GSA/GOVT-4, Contracted Travel Services Program (74 FR 26700); NCUA-19, NCUA Financial and Acquisition Management System (81 FR 83281).

Paperwork Reduction Act Statement: This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 3133-New. We estimate that it will take 15 minutes to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: NCUA, Office of Continuity and Security Management,1775 Duke Street, Alexandria, VA 22314-3428.