

**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).

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

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)
1	<input type="checkbox"/> Regular <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic		
2	<input type="checkbox"/> Regular <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic		
3	<input type="checkbox"/> Regular <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic		
5. Visa 1 (Additional Visa's can be added at the end of this form.)			
Country		Duration	
Visa Number		Other Duration	
Visa Pages Checked <input type="checkbox"/> Yes <input type="checkbox"/> No		Expected Return Date	
Expiration Date		Issue Date	
Comment (600 character max)			
6. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		7. Birth Place Country:	
8. Citizenship (1) (2)		9. Permanent Resident Green Card Holder? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. DOE Facility/Organization 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.		14. 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	
11. Local Organization/Department		If non-DOE specify the name of the employer:	
12. Local Facility:			
13. Local ID:			
15. Employment Address Street Address			
City		State	ZIP Code Country
16. 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:		Use For Password Reset <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
17. Position/Title		
18. 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		
19. 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.

20. Place of Departure (City, State/Province, Country)	21. Departure Date (mm/dd/yyyy)
	22. Return Date (mm/dd/yyyy)

23. 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							

24. Type of Travel:

<input type="checkbox"/> Airfare – Coach	<input type="checkbox"/> Vehicle – Rental	<input type="checkbox"/> Airfare – Premium	<input type="checkbox"/> Vehicle – Privately Owned
<input type="checkbox"/> Train – Coach	<input type="checkbox"/> Train – Premium	<input type="checkbox"/> None	

Carrier Name _____ Flight Number _____
 Departure Point _____ Departure Date _____ Departure Time : AM PM

Type of Travel:

<input type="checkbox"/> Airfare – Coach	<input type="checkbox"/> Vehicle – Rental	<input type="checkbox"/> Airfare – Premium	<input type="checkbox"/> Vehicle – Privately Owned
<input type="checkbox"/> Train – Coach	<input type="checkbox"/> Train – Premium	<input type="checkbox"/> None	

Carrier Name _____ Flight Number _____
 Departure Point _____ Departure Date _____ Departure Time : AM PM

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

25. Give justification of premium travel:

26. Names and Organizations of Headquarters personnel with whom trip has been coordinated

Org. Code	Contact Name

Traveler Name: _____

27. Names and Organizations of other personnel with whom you are traveling as a team:		
28. Benefit to Government (include benefit to present position and the Department):		
29. Type of Assignment		
<input 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 Experts	
30. 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:		
31. Field TR (Reference) Number		
32. 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.)		
33. Will the traveler be taking DOE or Laboratory owned equipment on this travel?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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? If yes, specify conference name, start and end dates, country-city of the conference, and the conference URL below (if known). <input type="checkbox"/> Yes <input type="checkbox"/> No	
33b. Will anyone from a DOE-designated sensitive country be in attendance at this conference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> Travel for IAEA <input type="checkbox"/> Other(s)
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. <input type="checkbox"/> Yes <input type="checkbox"/> No Lab-to-Lab agreement?	
40. <input type="checkbox"/> Yes <input type="checkbox"/> No University-to-Lab agreement?	
41. <input type="checkbox"/> Yes <input type="checkbox"/> No International agreement? If yes, enter agreement name:	
42. <input type="checkbox"/> Yes <input type="checkbox"/> No Will classified information be discussed?	
43. <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be interacting with anyone from a DOE-designated sensitive country?	
44. <input type="checkbox"/> Yes <input type="checkbox"/> No Does this Itinerary involve training?	
45. <input type="checkbox"/> Yes <input type="checkbox"/> No Will any part of the trip discuss sensitive subjects as defined by DOE's Sensitive Subject List?	
46. <input type="checkbox"/> Yes <input type="checkbox"/> No Will any part of the trip involve information that is subject to U.S. Export Control restrictions?	
47. <input type="checkbox"/> Yes <input type="checkbox"/> No Meetings with senior government official(s)? Provide official's name, position, and contact information. Describe meeting goals.	
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.)	

Traveler Name: _____

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
After Hours Name	After Hours Phone	After Hours Name	After Hours 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? If yes, specify conference name, start and end dates, country-city of the conference, and the conference URL below (if known). <input type="checkbox"/> Yes <input type="checkbox"/> No	
33b. Will anyone from a DOE-designated sensitive country be in attendance at this conference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> Travel for IAEA <input type="checkbox"/> Other(s)
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. <input type="checkbox"/> Yes <input type="checkbox"/> No Lab-to-Lab agreement?	
40. <input type="checkbox"/> Yes <input type="checkbox"/> No University-to-Lab agreement?	
41. <input type="checkbox"/> Yes <input type="checkbox"/> No International agreement? If yes, enter agreement name:	
42. <input type="checkbox"/> Yes <input type="checkbox"/> No Will classified information be discussed?	
43. <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be interacting with anyone from a DOE-designated sensitive country?	
44. <input type="checkbox"/> Yes <input type="checkbox"/> No Does this Itinerary involve training?	
45. <input type="checkbox"/> Yes <input type="checkbox"/> No Will any part of the trip discuss sensitive subjects as defined by DOE's Sensitive Subject List?	
46. <input type="checkbox"/> Yes <input type="checkbox"/> No Will any part of the trip involve information that is subject to U.S. Export Control restrictions?	
47. <input type="checkbox"/> Yes <input type="checkbox"/> No Meetings with senior government official(s)? Provide official's name, position, and contact information. Describe meeting goals.	
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.)	

Traveler Name: _____

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
After Hours Name	After Hours Phone	After Hours Name	After Hours 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? If yes, specify conference name, start and end dates, country-city of the conference, and the conference URL below (if known). <input type="checkbox"/> Yes <input type="checkbox"/> No	
33b. Will anyone from a DOE-designated sensitive country be in attendance at this conference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> Travel for IAEA <input type="checkbox"/> Other(s)
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. <input type="checkbox"/> Yes <input type="checkbox"/> No Lab-to-Lab agreement?	
40. <input type="checkbox"/> Yes <input type="checkbox"/> No University-to-Lab agreement?	
41. <input type="checkbox"/> Yes <input type="checkbox"/> No International agreement? If yes, enter agreement name:	
42. <input type="checkbox"/> Yes <input type="checkbox"/> No Will classified information be discussed?	
43. <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be interacting with anyone from a DOE-designated sensitive country?	
44. <input type="checkbox"/> Yes <input type="checkbox"/> No Does this Itinerary involve training?	
45. <input type="checkbox"/> Yes <input type="checkbox"/> No Will any part of the trip discuss sensitive subjects as defined by DOE's Sensitive Subject List?	
46. <input type="checkbox"/> Yes <input type="checkbox"/> No Will any part of the trip involve information that is subject to U.S. Export Control restrictions?	
47. <input type="checkbox"/> Yes <input type="checkbox"/> No Meetings with senior government official(s)? Provide official's name, position, and contact information. Describe meeting goals.	
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.)	

Traveler Name: _____

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
After Hours Name	After Hours Phone	After Hours Name	After Hours 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? If yes, specify conference name, start and end dates, country-city of the conference, and the conference URL below (if known). <input type="checkbox"/>Yes <input type="checkbox"/>No	
33b. Will anyone from a DOE-designated sensitive country be in attendance at this conference? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>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"/> Travel for IAEA <input type="checkbox"/> Other(s)
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. <input type="checkbox"/> Yes <input type="checkbox"/> No Lab-to-Lab agreement?	
40. <input type="checkbox"/> Yes <input type="checkbox"/> No University-to-Lab agreement?	
41. <input type="checkbox"/> Yes <input type="checkbox"/> No International agreement? If yes, enter agreement name:	
42. <input type="checkbox"/> Yes <input type="checkbox"/> No Will classified information be discussed?	
43. <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be interacting with anyone from a DOE-designated sensitive country?	
44. <input type="checkbox"/> Yes <input type="checkbox"/> No Does this Itinerary involve training?	
45. <input type="checkbox"/> Yes <input type="checkbox"/> No Will any part of the trip discuss sensitive subjects as defined by DOE's Sensitive Subject List?	
46. <input type="checkbox"/> Yes <input type="checkbox"/> No Will any part of the trip involve information that is subject to U.S. Export Control restrictions?	
47. <input type="checkbox"/> Yes <input type="checkbox"/> No Meetings with senior government official(s)? Provide official's name, position, and contact information. Describe meeting goals.	
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.)	

Traveler Name: _____

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
After Hours Name	After Hours Phone	After Hours Name	After Hours 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? If yes, specify conference name, start and end dates, country-city of the conference, and the conference URL below (if known). <input type="checkbox"/>Yes <input type="checkbox"/>No	
33b. Will anyone from a DOE-designated sensitive country be in attendance at this conference? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>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"/> Travel for IAEA <input type="checkbox"/> Other(s)
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. <input type="checkbox"/> Yes <input type="checkbox"/> No Lab-to-Lab agreement?	
40. <input type="checkbox"/> Yes <input type="checkbox"/> No University-to-Lab agreement?	
41. <input type="checkbox"/> Yes <input type="checkbox"/> No International agreement? If yes, enter agreement name:	
42. <input type="checkbox"/> Yes <input type="checkbox"/> No Will classified information be discussed?	
43. <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be interacting with anyone from a DOE-designated sensitive country?	
44. <input type="checkbox"/> Yes <input type="checkbox"/> No Does this Itinerary involve training?	
45. <input type="checkbox"/> Yes <input type="checkbox"/> No Will any part of the trip discuss sensitive subjects as defined by DOE's Sensitive Subject List?	
46. <input type="checkbox"/> Yes <input type="checkbox"/> No Will any part of the trip involve information that is subject to U.S. Export Control restrictions?	
47. <input type="checkbox"/> Yes <input type="checkbox"/> No Meetings with senior government official(s)? Provide official's name, position, and contact information. Describe meeting goals.	
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.)	

Traveler Name: _____

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
After Hours Name	After Hours Phone	After Hours Name	After Hours Phone	

Traveler Name: _____

5. Additional Visas	
Visa 2	
Country	Duration
Visa Number	Other Duration
Visa Pages Checked <input type="checkbox"/> Yes <input type="checkbox"/> No	Expected Return Date
Expiration Date	Issue Date
Comment (600 character max)	
Visa 3	
Country	Duration
Visa Number	Other Duration
Visa Pages Checked <input type="checkbox"/> Yes <input type="checkbox"/> No	Expected Return Date
Expiration Date	Issue Date
Comment (600 character max)	

24. Additional Types of Travel	
Type of Travel:	
<input type="checkbox"/> Airfare – Coach	<input type="checkbox"/> Vehicle – Rental
<input type="checkbox"/> Train – Coach	<input type="checkbox"/> Train – Premium
<input type="checkbox"/> Airfare – Premium	<input type="checkbox"/> Vehicle – Privately Owned
<input type="checkbox"/> None	
Carrier Name	Flight Number
Departure Point	Departure Date
Departure Time : <input type="checkbox"/> AM <input type="checkbox"/> PM	
Type of Travel	
<input type="checkbox"/> Airfare – Coach	<input type="checkbox"/> Vehicle – Rental
<input type="checkbox"/> Train – Coach	<input type="checkbox"/> Train – Premium
<input type="checkbox"/> Airfare – Premium	<input type="checkbox"/> Vehicle – Privately Owned
<input type="checkbox"/> None	
Carrier Name	Flight Number
Departure Point	Departure Date
Departure Time : <input type="checkbox"/> AM <input type="checkbox"/> PM	
Type of Travel	
<input type="checkbox"/> Airfare – Coach	<input type="checkbox"/> Vehicle – Rental
<input type="checkbox"/> Train – Coach	<input type="checkbox"/> Train – Premium
<input type="checkbox"/> Airfare – Premium	<input type="checkbox"/> Vehicle – Privately Owned
<input type="checkbox"/> None	
Carrier Name	Flight Number
Departure Point	Departure Date
Departure Time : <input type="checkbox"/> AM <input type="checkbox"/> PM	
Type of Travel	
<input type="checkbox"/> Airfare – Coach	<input type="checkbox"/> Vehicle – Rental
<input type="checkbox"/> Train – Coach	<input type="checkbox"/> Train – Premium
<input type="checkbox"/> Airfare – Premium	<input type="checkbox"/> Vehicle – Privately Owned
<input type="checkbox"/> None	
Carrier Name	Flight Number
Departure Point	Departure Date
Departure Time : <input type="checkbox"/> AM <input type="checkbox"/> PM	
Type of Travel	
<input type="checkbox"/> Airfare – Coach	<input type="checkbox"/> Vehicle – Rental
<input type="checkbox"/> Train – Coach	<input type="checkbox"/> Train – Premium
<input type="checkbox"/> Airfare – Premium	<input type="checkbox"/> Vehicle – Privately Owned
<input type="checkbox"/> None	
Carrier Name	Flight Number
Departure Point	Departure Date
Departure 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:				