

TRAVEL MANUAL
August 9, 2001

ATTACHMENT E-1

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 question on Foreign Travel or the completion of this form should be directed to your sites Senior FTMS Organizational Point of Contact (SR.OPOC).

Section I – Traveler Information

Section I. – Traveler Information. (To Be Completed by Traveler.)

1. Last Name		First Name	Middle Name or NMN
2. SSN ex. 123-45-6789 Do you have a SSN? <input type="checkbox"/> No <input type="checkbox"/> Yes			
3. Passport Number		Expiration Date (MON- DD-YYYY)	
4a. Birth Date (MON-DD-YYYY)	4b. Gender Male Female		5. Birth Place (City, State/Province, Country)
6a. Citizenship 1) 2)		6b. Permanent Resident Alien (PRA)? Yes No	
7. DOE Facility/Organization		8. 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 If Non-DOE specify the name of employer :	
9. Employment Address Street Addr. City State Zip Country			
10. Contact Information		Work Telephone: Work Fax: Home Telephone: eMail Address:	
11. Position/Title			
12.a. Indicate whether you have held a DOE security clearance within the last 5 years. If yes, indicate the highest level received. <input type="checkbox"/> Top Secret <input type="checkbox"/> Secret <input type="checkbox"/> Q <input type="checkbox"/> L <input type="checkbox"/> Other			
12.b. Indicate whether you have held any other government agency clearances within the last 5 years. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter agency and clearance level Agency Clearance Level			
13. Notes to other OPOCs.			

Traveler Name: _____

Section II - General Trip Information

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.										
14. Place of Departure <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;">City</td> <td style="width: 25%; border-bottom: 1px solid black;">State</td> <td style="width: 25%; border-bottom: 1px solid black;">Province</td> <td style="width: 25%; border-bottom: 1px solid black;">Country</td> </tr> </table>				City	State	Province	Country	15. Departure Date (MON-DD-YYYY) 16. Return Date (MON-DD-YYYY)		
City	State	Province	Country							
17. Estimated travel costs by funding type.										
Primary Sponsor	Funding Type	Program Office	Funding Code(s)	Title	Estimated Airfare	Estimated Other				
<input type="checkbox"/> Yes	<input type="checkbox"/> DOE <input type="checkbox"/> Non-DOE <input type="checkbox"/> Foreign <input type="checkbox"/> DOE Overhead <input type="checkbox"/> Salary									
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18. Flight Information <input type="checkbox"/> Coach <input type="checkbox"/> Premium <input type="checkbox"/> If not coach, give justification of premium travel										
19. Names and Organizations of Headquarters personnel with who trip has been coordinated. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border-bottom: 1px solid black;">Org. Code</td> <td style="border-bottom: 1px solid black;">Name</td> </tr> </table>							Org. Code	Name		
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20. Names and Organizations of other personnel with whom you are traveling as a team.										
21. Benefit to Government (include benefit to present position and the Department)										
22. Comments. Justification statement for trips that are exceptions										

Traveler Name: _____

22. Comments, cont.

Specify any paper attachments to this form

General comments regarding trip request

Place of return if not same as departure city and reason

Traveler Name: _____

Section III - Trip Itinerary

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.

23. Yes No Is this part of the trip associated with a conference? If yes, specify conference name, sponsor, and contact information (i.e., URL or email address).

Conference Name:

Sponsor Name:

Start Date:

End Date:

Country - City:

URL:

24. Destination (Country, City)

25. Start Date (MON- DD-YYYY)

26. End Date (MON-DD-YYYY)

27a. Select One or More Primary Purpose(s)

- Professional conference, seminar, workshop, working group, or colloquia
- Research and Development activities under an informal, lab-to-lab, or government-to-government agreement
- Meeting(s) on scientific, technical, project or programmatic matters
- Procurement-related matters
- Official Stop Over
- Personal Leave
- Other(s)

27b. List other primary purpose

28. Technical Justification

This part of the trip involves:

29. Yes No Lab-to-Lab agreement?

30. Yes No International agreement? If yes, enter agreement:

31. Yes No Will classified information be discussed? Y/N

32. Yes No Will classified information be hand carried? Y/N

33. Yes No Will foreign intelligence information be hand carried? Y/N

34. Yes No Will any part of the trip discuss sensitive subjects as defined by DOE's Sensitive Subject List? Y/N

35. Yes No Will any part of the trip involve information that is subject to U.S. Export Control restrictions? Y/N

36. Yes No Meetings with senior government official(s)? (for non-DOE employees)

Please provide official's name, position, and contact information.

Describe meeting goals.

37. Yes No Embassy assistance will be required? If yes, describe.

38. Contacts

Host Name	Host Phone:	Affiliated Institution:	Facility to be Visited:	Date Visited:
After Hours Name		After Hours Phone		

Traveler Name: _____

Reviews and Approvals									
1. Local Approver									
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4. Head of Organization									
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5. Programmatic RPSO									
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6. Funding RPSO									
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