

FOREIGN TRAVEL TRIP REPORT – PART 1

Date Trip Report Submitted: _____

USE THIS FORM TO PROCESS A NEW FOREIGN TRAVEL REPORT

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| Name of Traveler: | FTMS Trip Number: |
| Traveler Phone Number: | Position/Job Title: |
| Employing Organization: | Organization Code: |
| Organization Street Address: | Street Address: |
| City, State/Zip Code: | |

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| Destination 1: | Date(s) of Travel: |
| Organization/Facility Visited: Street Address: City, State/Zip Code: | Country: Sensitive Country: YES NO |
| Destination 2: | Date(s) of Travel: |
| Organization/Facility Visited: Street Address: City, State/Zip Code: | Country: Sensitive Country: YES NO |
| Destination 3: | Date(s) of Travel: |
| Organization/Facility Visited: Street Address: City, State/Zip Code: | Country: Sensitive Country: YES NO |

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| Purpose of Trip: |
| Abstract: (include major highlights, benefits of travel, results of meeting): |
| Total Trip Cost: |

PART 1 OF THE TRIP REPORT SHOULD NOT CONTAIN CLASSIFIED INFORMATION.

FOREIGN TRAVEL TRIP REPORT – PART 2

FTMS Trip Number: _____

Date Trip Report Submitted: _____

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| Name of Traveler: _____ | Traveler Phone Number: _____ |
| Joint Trip Report: Yes _____ No _____ | |
| If Yes, List other Travelers Names: _____ | |
| Employing Organization: _____ | Organization Code: _____ |
| Organization Address: _____ | Street Address: _____ |
| City, State/Zip Code: _____ | Total Trip Cost: _____ |

USE THIS FORM TO PROVIDE A COMPLETE REPORT ON AND THOROUGH ANALYSIS OF THE TRIP

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| Description of travelers role (including participation in significant discussions and events): _____ |
| Results: Any meetings or discussions with representatives of foreign government (s)and/or company (ies): _____ |

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| Security related concerns (Observations/conclusions/speculations/information relating to safety, health, and security of future travelers): _____ |
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| Recommendations concerning any future or follow-up activities: _____ |
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