

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. Name (Last, First, Middle)			
2. Do you have a Social Security Number? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Please specify.			
3. Passport Number		Passport Expiration Date (MON- DD-YYYY)	
4. Birth Date (MON-DD-YYYY)	5. Birth Place (City, State/Province, Country)	6. Citizenship	
		a)	
		b)	
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	
Specify name of contractor or university:			
9. Employment Address			
Street Address			
City	State	Zip	Country
10. Contact Information			
Work Phone			
Work Fax			
Home Telephone			
Email Address (required)			
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"/> Yes, please specify <input type="checkbox"/> Top Secret <input type="checkbox"/> Secret <input type="checkbox"/> Q <input type="checkbox"/> L			
<input type="checkbox"/> No			
12.b. Indicate whether you have held any other government agency clearances within the last 5 years. If yes, enter agency and clearance level			
<input type="checkbox"/> Yes, please specify Agency: Clearance			
<input type="checkbox"/> No			
13. Notes:			

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 (City, State/Province, Country)	15. Departure Date (MON-DD-YYYY)
	16. Return Date (MON-DD-YYYY)

17. Estimated Travel Costs By Funding Type. (One primary sponsor required)

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"/> Yes	<input type="checkbox"/> DOE <input type="checkbox"/> Non-DOE <input type="checkbox"/> Foreign					
<input type="checkbox"/> Yes	<input type="checkbox"/> DOE <input type="checkbox"/> Non-DOE <input type="checkbox"/> Foreign					
<input type="checkbox"/> Yes	<input type="checkbox"/> DOE <input type="checkbox"/> Non-DOE <input type="checkbox"/> Foreign					
<input type="checkbox"/> Yes	<input type="checkbox"/> DOE <input type="checkbox"/> Non-DOE <input type="checkbox"/> Foreign					

18. Flight Information

Coach

Premium, please provide justification:

19. Names and Organizations of Headquarters personnel with who trip has been coordinated.

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:

Conference Sponsor Name:

Conference URL:

24. Destination (Country, City)

25. Start Date (MON- DD-YYYY)

26. End Date (MON-DD-YYYY)

27. 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
- Other(s), please specify

28. Technical Justification

This part of the trip involves:

29. Yes No Lab-to-Lab agreement?

30. Yes No International agreement? Please specify

31. Yes No Will classified information be discussed?

32. Yes No Will classified information be hand carried?

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

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

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

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? Please specify.

38. Contact Information (required)

Host Information

Name:

Phone:

Affiliated Institution:

Facility to be Visited:

After Hours : Name:

Phone:

Traveler Name: _____

Reviews and Approvals

1. Reviewer		
Name (Type or Printed)	Title	Organization
Signature	Date (MON- DD-YYYY)	
Comments:		
2. Reviewer		
Name (Type or Printed)	Title	Organization
Signature	Date (MON- DD-YYYY)	
Comments:		
3. Reviewer		
Name (Type or Printed)	Title	Organization
Signature	Date (MON- DD-YYYY)	
Comments:		
4. Reviewer		
Name (Type or Printed)	Title	Organization
Signature	Date (MON- DD-YYYY)	
Comments:		
5. Head of Organization		
Name (Type or Printed)	Title	Organization
Signature	Date (MON- DD-YYYY)	
Comments:		
6. Responsible Programmatic Secretarial Office		
Name (Type or Printed)	Title	Organization
Signature	Date (MON- DD-YYYY)	
Comments:		