

## 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).

Section I – Traveler Information (to be completed by Traveler)			
1. Last Name	First Name	Middle Name or NMN	
2. Do you have an SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last 4 digits of SSN (ex.xxx-xx-6789) ►	
3. Passport Type		Passport Number	Expiration Date (mon/dd/yyyy)
<b>Passport 1</b>	<input type="checkbox"/> Regular <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic		
<b>Passport 2</b>	<input type="checkbox"/> Regular <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic		
<b>Passport 3</b>	<input type="checkbox"/> Regular <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic		
4. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		5. Birth Place Country	
6. Citizenship (1) _____ (2) _____		7. Permanent Resident Green Card Holder? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. DOE Facility/Organization		12. 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 the employer: _____	
9. Local Organization/Department			
10. Local Facility			
11. Local ID			
13. Employment Address Street Address _____ _____ City _____ State _____ Zip _____ Country _____			
14. Contact Information			
Phone Type		Phone Number (domestic example: 703-555-5555)	
<b>Phone 1</b>	<input type="checkbox"/> Work Phone <input type="checkbox"/> Work Fax <input type="checkbox"/> Home Phone <input type="checkbox"/> Domestic Cell Phone <input type="checkbox"/> International Cell Phone		
<b>Phone 2</b>	<input type="checkbox"/> Work Phone <input type="checkbox"/> Work Fax <input type="checkbox"/> Home Phone <input type="checkbox"/> Domestic Cell Phone <input type="checkbox"/> International Cell Phone		
<b>Phone 3</b>	<input type="checkbox"/> Work Phone <input type="checkbox"/> Work Fax <input type="checkbox"/> Home Phone <input type="checkbox"/> Domestic Cell Phone <input type="checkbox"/> International Cell Phone		
<b>Phone 4</b>	<input type="checkbox"/> Work Phone <input type="checkbox"/> Work Fax <input type="checkbox"/> Home Phone <input type="checkbox"/> Domestic Cell Phone <input type="checkbox"/> International Cell Phone		
<b>Phone 5</b>	<input type="checkbox"/> Work Phone <input type="checkbox"/> Work Fax <input type="checkbox"/> Home Phone <input type="checkbox"/> Domestic Cell Phone <input type="checkbox"/> International Cell Phone		
e-mail Address: _____ _____ _____			<b>Use For Password Reset</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
15. Position/Title			
16. Indicate whether you have a security clearance. <input type="checkbox"/> Yes <input type="checkbox"/> No 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			
17. 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.								
18. Place of Departure (City, State/Province, Country)						19. Departure Date (mon/dd/yyyy)		
						20. Return Date (mon/dd/yyyy)		
21. 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							
22. Type of Travel:					Give justification of premium 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"/> None <input type="checkbox"/> Train – Premium								
23. Names and Organizations of Headquarters personnel with whom trip has been coordinated								
Org. Code		Contact Name						
24. Names and Organizations of other personnel with whom you are traveling as a team:								
25. Benefit to Government (include benefit to present position and the Department) :								
26. 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:								
27. Field TR (Reference) Number								
28. 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.)								
29. Will the traveler be taking DOE or Laboratory owned equipment on this travel?								<input type="checkbox"/> Yes <input type="checkbox"/> No

Traveler Name: \_\_\_\_\_

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.				
30a. Is this part of the trip associated with a conference? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, specify conference name, start and end dates, country-city of the conference, and the conference URL (if known).				
30b. 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)	
31a. Destination Country-City			32. Start Date (mon/dd/yyyy)	
31b. Airline			33. End Date (mon/dd/yyyy)	
34a. Select One or More Primary Purpose(s):				
<input type="checkbox"/> Professional conference or workshop <input type="checkbox"/> Meeting(s) on scientific, technical, project, or programmatic matters <input type="checkbox"/> Seminar/Symposium <input type="checkbox"/> Procurement-related matters <input type="checkbox"/> Working group or colloquia (scientific meeting) <input type="checkbox"/> Official Stop Over <input type="checkbox"/> Site Visit <input type="checkbox"/> Personal Leave <input type="checkbox"/> R and D activities under an informal lab-to-lab or government-to-government agreement <input type="checkbox"/> Travel for IAEA <input type="checkbox"/> Other(s)				
34b. List other primary purpose:				
35. Justify Trip Purpose (i.e. topics to be discussed, formal presentation, or paper):				
This part of the trip involves:				
36. <input type="checkbox"/> Yes <input type="checkbox"/> No Lab-to-Lab agreement?				
37. <input type="checkbox"/> Yes <input type="checkbox"/> No University-to-Lab agreement?				
38. <input type="checkbox"/> Yes <input type="checkbox"/> No International agreement? If yes, enter agreement name:				
_____				
39. <input type="checkbox"/> Yes <input type="checkbox"/> No Will classified information be discussed?				
40. <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be interacting with anyone from a DOE-designated sensitive country?				
41. <input type="checkbox"/> Yes <input type="checkbox"/> No Does this Itinerary involve training?				
42. <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?				
43. <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?				
44. <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.				
_____				
_____				
45. <input type="checkbox"/> Yes <input type="checkbox"/> No Will embassy assistance be required?				
a. If yes, describe.				
_____				
_____				
b. If yes, provide fiscal data.				
_____				
_____				
<b>46. Contacts</b>				
<b>Host Name</b>	<b>Host Phone</b>	<b>Affiliated Institution</b>	<b>Facility to be Visited</b>	<b>Date Visited</b>
<b>After Hours Name</b>	<b>After Hours Phone</b>	<b>After Hours Name</b>	<b>After Hours Phone</b>	

Traveler Name: \_\_\_\_\_

Reviews and Approvals				
<b>1. Local Approver</b>				
Name	Approver Site	Result: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Pass	Signature	Date (mon/dd/yyyy)
Comments:				
<b>2. Local Approver</b>				
Name	Approver Site	Result: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Pass	Signature	Date (mon/dd/yyyy)
Comments:				
<b>3. Local Approver</b>				
Name	Approver Site	Result: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Pass	Signature	Date (mon/dd/yyyy)
Comments:				
<b>4. Head of Organization</b>				
Name	Approver Site	Result: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Pass	Signature	Date (mon/dd/yyyy)
Comments:				
<b>5. Programmatic RPSO</b>				
Name	Approver Site	Result: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Pass	Signature	Date (mon/dd/yyyy)
Comments:				
<b>6. Funding RPSO</b>				
Name	Approver Site	Result: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Pass	Signature	Date (mon/dd/yyyy)
Comments:				