

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)
Passport 1	<input type="checkbox"/> Regular <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic		
Passport 2	<input type="checkbox"/> Regular <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic		
Passport 3	<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)	
Phone 1	<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		
Phone 2	<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		
Phone 3	<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		
Phone 4	<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		
Phone 5	<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: _____ _____ _____			Use For Password Reset <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: _____

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