

Pg _____ of _____

NICHD
INDIVIDUAL FOREIGN TRIP TRAVEL REQUEST

OAM, OD USE ONLY
 AIR \$ _____
 GROUND _____
 PD _____
 REG. FEE _____

 \$ _____

NON-CEILING	CEILING
T.O.#	_____
CASH ADVANCE	\$ _____
EST. COST	\$ _____
VOUCHERED AMT.	\$ _____

Name: _____ SOCIAL SECURITY # _____
 Title: _____ CHECK IF COMMISSIONED OFFICER: _____
 Office: _____ COMMON ACCOUNT NUMBER: _____
 Bldg/Rm: _____ TRAVEL ADDRESS: 1/ _____
 Telephone: _____

TRIP INFORMATION						FUNDING ESTIMATE					
TYPE OF TRIP <u>2/</u>	PURPOSE OF TRIP (Give detailed justification) on separate attachment	PLACE & DATE <u>3/</u> Include City, Country & Actual Dates of Official Business	ANNUAL LEAVE DATES <u>4/</u>	MAN DAYS <u>5/</u>	REG. FEE	COMPLETE APPROPRIATE BLOCK <u>6/</u>					
						NICHD	PL-480 <u>7/</u>	PERSONAL FUNDS	OTHER		
									FOR DEPOSIT TO APPR	IN KIND	CASH FOR RETENTION BY TRAVELER

- 1/ Address normally used for advance of funds or voucher
- 2/ IM-International Meeting
IO-International Organization
TDY-Travel not related to International Organization
- 3/ Show only actual dates required for official business. If travel is to more than one city or country, dates of visits to each should be noted.
- 4/ Indicate dates on which annual leave will be taken.
- 5/ Includes total number of days for trip including Saturday & Sunday.
- 6/ Check appropriate funding block OR if funding is from OTHER source indicate amounts and attach letter of invitation.
- 7/ PL-480 Countries - Burma, Guinea, India, Israel, Pakistan, Tunisia, U.A.R. (Egypt)

RESERVED FOR APPROVALS

Supervisor _____
 Office/Br., Lab. Chief _____
 Associate Director _____
 Director _____