

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 outline 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 U.S. 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? () No () Yes, please specify.	
3. Passport Number		3a. Passport Expiration Date (MO-DD-YYYY)	
4. Birth Date (MO-DD-YYYY)	5. Birth Place (City, State/Province, Country)		6. Citizenship a) b)
7. DOE Facility/Organization		8. Employee Type () DOE Federal Employee () Other Federal Employee () Contractor () Foreign National () University () Invitational Traveler Specify name of contractor or university:	
9. Employee Address: Street Address: _____ City: _____ State: _____ Zip: _____ County: _____			
10. Contact Information	Work Phone: _____ Work Fax: _____ Home Telephone: _____ E-Mail Address: _____ (required)		
11. Position/Title			
12a. Indicate whether you have held a DOE security clearance within the last 5 years. If yes, indicate the highest level received. () Yes, please specify () Top Secret () Secret () Q () L () No			
12b. Indicate whether you have held any other security clearance within the last 5 years. If yes, enter agency and clearance level () Yes, please specify Agency: _____ Clearance: _____ () No			
13. Notes: _____ _____ _____ _____			

U.S. DEPARTMENT OF ENERGY
REQUEST FOR APPROVAL OF FOREIGN TRAVEL
(CONTINUED)

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 (MO/DD/YYYY)
	16. Return Date (MO/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-DOD <input type="checkbox"/> Foreign					
<input type="checkbox"/> Yes	<input type="checkbox"/> DOE <input type="checkbox"/> Non-DOD <input type="checkbox"/> Foreign					
<input type="checkbox"/> Yes	<input type="checkbox"/> DOE <input type="checkbox"/> Non-DOD <input type="checkbox"/> Foreign					
<input type="checkbox"/> Yes	<input type="checkbox"/> DOE <input type="checkbox"/> Non-DOD <input type="checkbox"/> Foreign					
<input type="checkbox"/> Yes	<input type="checkbox"/> DOE <input type="checkbox"/> Non-DOD <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)

U.S. DEPARTMENT OF ENERGY
REQUEST FOR APPROVAL OF FOREIGN TRAVEL
(CONTINUED)

Traveler Name: _____

Section II – General Trip Information *(Continued)*

22. Comments, cont.

Specify any paper attachments to this form

General comments regarding this trip request

Place of return if not same as departure city and reason

U.S. DEPARTMENT OF ENERGY
REQUEST FOR APPROVAL OF FOREIGN TRAVEL
(CONTINUED)

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: _____

Sponsor Name: _____

End Date: _____

Country – City: _____

URL: _____

24. Destination (Country, City)

25. Start Date (MO/DD/YYYY)

26. End Date (MO/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? If Yes, Please Specify _____

31. () Yes () No Will classified information be discussed? Y/N _____

32. () Yes () No Will classified information be hand carried? Y/N _____

33. () Yes () No Will foreign intelligence information be hand carried? Y/N _____

34. () Yes () No Will any part of the trip discuss sensitive topics as defined by DOE's Sensitive Subject List? Y/N _____

35. () Yes () No Will any part of the trip involve information that is subject to U.S. Export Control restrictions? Y/N _____

36. () Yes () No Meetings with senior government official(s)?

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: _____

U.S. DEPARTMENT OF ENERGY
REQUEST FOR APPROVAL OF FOREIGN TRAVEL
(CONTINUED)

Traveler Name: _____

Reviews and Approvals

1. Local Approver

_____	_____	_____	_____	_____
Name (Type or Printed)	Title	Organization	Signature	Date (MO-DD-YYYY)

Comments:

2. Local Approver

_____	_____	_____	_____	_____
Name (Type or Printed)	Title	Organization	Signature	Date (MO-DD-YYYY)

Comments:

3. Local Approver

_____	_____	_____	_____	_____
Name (Type or Printed)	Title	Organization	Signature	Date (MO-DD-YYYY)

Comments:

4. Head of Organization

_____	_____	_____	_____	_____
Name (Type or Printed)	Title	Organization	Signature	Date (MO-DD-YYYY)

Comments:

5. Programmatic RPSO

_____	_____	_____	_____	_____
Name (Type or Printed)	Title	Organization	Signature	Date (MO-DD-YYYY)

Comments:

6. Funding RPSO

_____	_____	_____	_____	_____
Name (Type or Printed)	Title	Organization	Signature	Date (MO-DD-YYYY)

Comments:

