

**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 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**

<b>Section I. – Traveler Information. (To Be Completed by Traveler.)</b>			
1. Last Name	First Name	Middle Name or NMN	
2. SSN ex. 123-45-6789 Do you have a SSN? ( ) No ( ) Yes			
3. Passport Number		Expiration Date (mon/dd/yyyy)	
4. Birth Date (mon/dd/yyyy)	5. Birth Place (City, State/Province, Country)		6. Citizenship 1) 2)
7. DOE Facility/Organization		8. Employee Type ( ) DOE Federal Employee ( ) Other Federal Employee ( ) Contractor ( ) Foreign National ( ) University ( ) Invitational Traveler If Non-DOE specify the name of employer:	
9. Employment Address Street Addr.			
City	State	Zip	Country
10. Contact Information			
Work Telephone:			
Work Fax:			
Home Telephone:			
eMail Address:			
11. Position/Title			
12a. Indicate whether you have held a <b>DOE security clearance</b> within the last 5 years. If yes, indicate the highest level received. ( ) Top Secret ( ) Secret ( ) Q ( ) L ( ) Other			
12b. Indicate whether you have held any other government agency clearances within the last 5 years. ( ) Yes ( ) No If yes, enter agency and clearance level			
Agency		Clearance Level	
13. Notes to other OPOCs.			

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

**Section II – General Trip Information**

<b>Section II. General Trip Information. (To Be Completed By Traveler)</b>						
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.						
Primary Sponsor	Funding Type	Program Office	Funding Codes	Title	Estimated Airfare	Estimated Other
( ) Yes	( ) DOE ( ) Non - DOE ( ) Foreign ( ) DOE Overhead ( ) Salary					
( ) Yes	( ) DOE ( ) Non - DOE ( ) Foreign ( ) DOE Overhead ( ) Salary					
( ) Yes	( ) DOE ( ) Non - DOE ( ) Foreign ( ) DOE Overhead ( ) Salary					
( ) Yes	( ) DOE ( ) Non - DOE ( ) Foreign ( ) DOE Overhead ( ) Salary					
( ) Yes	( ) DOE ( ) Non - DOE ( ) Foreign ( ) DOE Overhead ( ) Salary					
18. Flight Information ( ) Coach ( ) Premium If not coach, give justification of premium travel						
19. Names and Organizations of Headquarters personnel with whom 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:

Sponsor Name:

Start Date:

End Date:

Country – City:

URL:

24. Destination Country-City

25. Start Date (mon/dd/yyyy)

26. End Date (mon/dd/yyyy)

27a. 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)

27b. List other primary purpose

28. Technical Justification

This part of the trip involves:

29.  Yes  No Lab-to-Lab agreement?  
 30.  Yes  No International agreement? If yes, enter agreement: \_\_\_\_\_  
 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 subjects 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)? (for non-DOE employees)  
 Please provide official's name, position, and contact information. Describe meeting goals.  
 37.  Yes  No Embassy assistance will be required? If yes, describe.

38. Contacts

Host:

Name

Phone:

Affiliated Institution

Facility to be Visited

After Hours Name

After Hours Phone

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

### Reviews and Approvals

1. Local Approver				
_____	_____	_____	_____	_____
Name (Type or Printed)	Title	Organization	Signature	Date (mon/dd/yyyy)
Comments:				
2. Local Approver				
_____	_____	_____	_____	_____
Name (Type or Printed)	Title	Organization	Signature	Date (mon/dd/yyyy)
Comments:				
3. Local Approver				
_____	_____	_____	_____	_____
Name (Type or Printed)	Title	Organization	Signature	Date (mon/dd/yyyy)
Comments:				
4. Head of Organization				
_____	_____	_____	_____	_____
Name (Type or Printed)	Title	Organization	Signature	Date (mon/dd/yyyy)
Comments:				
5. Programmatic RPSO				
_____	_____	_____	_____	_____
Name (Type or Printed)	Title	Organization	Signature	Date (mon/dd/yyyy)
Comments:				
6. Funding RPSO				
_____	_____	_____	_____	_____
Name (Type or Printed)	Title	Organization	Signature	Date (mon/dd/yyyy)
Comments:				