# DOE FTMS U.S. Department of Energy (04-02) 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 the Senior FTMS Organization Point of Contact at PPPL (Sally Meade).

#### Section I – Traveler Information

Section I. – Traveler Information. (To Be Comp	leted By Traveler)	
1. Name (Last, First, Middle)		2. Social Security Number
3. Passport Number	Passpo	ort Expiration Date (MON-DD-YYYY)
4. Birth Date (MON-DD-YYYY) 5. Birth Place (City,	State/Province, Country)	6. Citizenship
4. Birth Date (MON-DD-TTTT) 5. Birth Place (City,	State/Province, Country)	-
		a)
7. DOE Facility/Organization	8. Employee Type	b)
7. DOE Facility/Organization	o. Employee Type	
	Specify name of contra	actor, university, or other:
9. Employment Address		
10. Contact Information (required)		
Work Phone: ( ) Ho	ome Phone: ( )	
Work Fax: ( ) E-	mail Address:	
11. Division/Title		
12.a. Indicate whether you have held a DOE security level received.	y clearance within the last 5	years. If yes, indicate the highest
( ) Yes, please specify Highest Le	evel:	
( ) No		
12.b. Indicate whether you have held any other gove	ernment agency clearances	within the last 5 years. If yes.
enter agency and clearance level.		· · · · · · · · · · · · · · · · · · ·
( ) Yes, please specify Agency:		
( ) No Clearance:		
13. Notes		

Section II. 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. (One primary sponsor required)         Primary       Funding         Program       B&R         Sponsor       Title         Sponsor       Funding         () Yes       1         () Yes       1         () Yes       1         () Yes       1         18. Flight Information       1         () Yes       1         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.       Label all comments as referring to: a) Justification statement for trips that are exceptions; b) Organization requesting exception travel; c) Specifying any paper attachments to this form; d) General comments regarding trip request; e) Alec of return if not same as 14. For Sections a., b., and d., restrict to three lines or 240 characters to permit entry into FTMS. (If acidational space is required, continue on separate sheet.)	Section II – General Trip and Funding Information						
16. Return Date (MON-DD-YYYY)         17. Estimated Travel Costs By Funding Type. (One primary sponsor required)         Primary       Funding         Program       B&R         Code(s)       Title         Airfare       Other         () Yes							
In the second of the perimeter	14. Place	of Departure (Cit	y, State/Province, Co	untry)	15. Departure Date	(MON-DD-YYYY)	)
Primary Sponsor         Funding Type         Program Office         B&R Code(s)         Title         Estimated Airfare         Estimated Other           ( ) Yes					16. Return Date (M	ION-DD-YYYY)	
Sponsor         Type         Office         Code(s)         Title         Airfare         Other           ( ) Yes	17. Estima	ated Travel Cost	s By Funding Type. (	One primary spo	nsor required)		
( ) Yes	•				Title		
( ) Yes	( ) Yes						
( ) Yes	( ) Yes						
( ) Yes       Image: Constraint of the image: Constraint	() Yes						
<ul> <li>18. Flight Information <ul> <li>( ) Coach</li> <li>( ) Premium, please provide justification:</li> </ul> </li> <li>19. Names and Organizations of Headquarters personnel with whom trip has been coordinated.</li> <li>20. Names and Organizations of other personnel with whom you are traveling as a team.</li> <li>21. Benefit to Government (include benefit to present position and the Department).</li> <li>22. Comments. Label all comments as referring to: a) Justification statement for trips that are exceptions; b) Organization requesting exception travel; c) Specifying any paper attachments to this form; d) General comments regarding trip request; e) Place of return if not same as 14. For Sections a., b., and d., restrict to three lines or 240 characters to permit entry into FTMS.</li> </ul>	( ) Yes						
<ul> <li>( ) Coach</li> <li>( ) Premium, please provide justification:</li></ul>	( ) Yes						
<ul> <li>22. Comments. Label all comments as referring to: a) Justification statement for trips that are exceptions;</li> <li>b) Organization requesting exception travel; c) Specifying any paper attachments to this form; d) General comments regarding trip request; e) Place of return if not same as 14. For Sections a., b., and d., restrict to three lines or 240 characters to permit entry into FTMS.</li> </ul>	<ul> <li>Premium, please provide justification:</li> <li>19. Names and Organizations of Headquarters personnel with whom trip has been coordinated.</li> </ul>						

Section III. Trip Itinerary. (To Be Completed By Traveler) Use additional itinerary pages as required. Account for the business days bet for each city/country to be visited and for each personal/vacation period.	ween departure and return. Complete a separate itinerary	
Itinerary 23. Destination (City, Country)	24. Start Date (MON-DD-YYYY)	
No.	25. End Date (MON-DD-YYYY)	
	23. End Date (mon-DD-TTTT)	
26. ( ) Yes ( ) No, Is this part of the trip associated with a co sponsor, and contact information (i.e., URL or E-mail address)	nference? If yes, specify conference name,	
Conference Name:		
Conference Sponsor Name:		
Conference URL/E-mail:		
27. Select One or More Primary Purpose(s)		
<ul> <li>Professional conference, seminar, workshop, working group</li> <li>Research and development activities under an informal, lab</li> <li>Meeting(s) on scientific, technical, project, or programmat</li> <li>Procurement-related matters</li> <li>Other(s), please specify</li> </ul>	-to-lab, or government-to-government agreement ic matters	
28. Provide further details concerning subject matter to be discu		
response to no more than 3 lines (240 characters) to permit e	entry into FIMS.]	
29. This part of the trip involves:		
A. ( ) Yes ( ) No Lab-to-lab agreement?		
	/	
C. () Yes () No Will classified information be discussed		
D. ( ) Yes ( ) No Will classified information be hand carri		
E. ( ) Yes ( ) No Will foreign intelligence information be		
F. ( ) Yes ( ) No Will any part of the trip discuss sensitive List?	e topics as defined by DOE's Sensitive Subject	
G. ( ) Yes ( ) No Will any part of the trip involve informat restrictions?	ion that is subject to U.S. Export Control	
30. ( ) Yes ( ) No Meetings with senior government officia Provide official's name, position, and co	al(s)? (for non-DOE employees) ontact information. Describe meeting goals.	
31. ( ) Yes ( ) No Embassy assistance will be required?		
Please specify		
32. Contact Information (required)		
Host Information Name:	Phone:	
Affiliated Institution:		
Facility to be Visited:		
After Hours: Name:		
	Phone:	

Section III. Trip Itinerary. (To Be Completed By Traveler) Use additional itinerary pages as required. Account for the business da	ays between departure and return. Complete a separate itinerary	
for each city/country to be visited and for each personal/vacation period.Itinerary23. Destination (City, Country)	24. Start Date (MON-DD-YYYY)	
No.	25. End Date (MON-DD-YYYY)	
26. () Yes () No, Is this part of the trip associated with sponsor, and contact information (i.e., URL or E-mail address		
Conference Name:		
Conference Sponsor Name:		
Conference URL/E-mail:		
27. Select One or More Primary Purpose(s)		
<ul> <li>Professional conference, seminar, workshop, working</li> <li>Research and development activities under an informal</li> <li>Meeting(s) on scientific, technical, project, or program</li> <li>Procurement-related matters</li> <li>Other(s), please specify</li> </ul>	al, lab-to-lab, or government-to-government agreement	
28. Provide further details concerning subject matter to be		
response to no more than 3 lines (240 characters) to pe	rmit entry into FIMS.]	
29. This part of the trip involves:		
A. ( ) Yes ( ) No Lab-to-lab agreement?		
B. ( ) Yes ( ) No International agreement? Please sp		
C. ( ) Yes ( ) No Will classified Information be discu D. ( ) Yes ( ) No Will classified information be hand		
E. ( ) Yes ( ) No Will foreign intelligence information		
	nsitive topics as defined by DOE's Sensitive Subject	
List?	isitive topics as defined by DOE 5 Sensitive Subject	
G. ( )Yes ( )No Will any part of the trip involve info restrictions?	ormation that is subject to U.S. Export Control	
30. ( )Yes ( ) No Meetings with senior government of Provide official's name, position, a	official(s)? (for non-DOE employees) nd contact information. Describe meeting goals.	
31. ( ) Yes ( ) No Embassy assistance will be require	ed?	
Please specify		
32. Contact Information (required)		
Host Information Name:	Phone:	
Affiliated Institution:		
Facility to be Visited:		
	Phone:	

for each city/country to be visited and for each personal/vacation period.         Itinerary       23. Destination (City, Country)         No.       24. Start Date (MON-DD-YYYY)         25. End Date (MON-DD-YYYY)         26. ( ) 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 E-mail address)         Conference Name:		
25. End Date (MON-DD-YYYY)     26. ( ) 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 E-mail address)     Conference Name:  Conference Sponsor Name:  Conference URL/E-mail:		
sponsor, and contact information (i.e., URL or E-mail address) Conference Name: Conference Sponsor Name: Conference URL/E-mail:		
Conference Sponsor Name:		
Conference Sponsor Name: Conference URL/E-mail:		
Conference URL/E-mail:		
27. Select One or More Primary Purpose(s)		
<ul> <li>Professional conference, seminar, workshop, working group, or colloquium</li> <li>Research and development activities under an informal, lab-to-lab, or government-to-government agreemen</li> <li>Meeting(s) on scientific, technical, project, or programmatic matters</li> <li>Procurement-related matters</li> <li>Other(s), please specify</li> </ul>		
28. Provide further details concerning subject matter to be discussed, including papers, lectures, etc. [Restrict response to no more than 3 lines (240 characters) to permit entry into FTMS.]		
29. This part of the trip involves:		
A. ( ) Yes ( ) No Lab-to-lab agreement?		
B. ( ) Yes ( ) No International agreement? Please specify		
C. ( ) Yes ( ) No Will classified Information be discussed?		
D. ( ) Yes ( ) No Will classified information be hand carried?		
E. ( ) Yes ( ) No Will foreign intelligence information be hand carried?		
F. ( ) Yes ( ) No Will any part of the trip discuss sensitive topics as defined by DOE's Sensitive Subject List?		
G. ( ) Yes ( ) No Will any part of the trip involve information that is subject to U.S. Export Control restrictions?		
30. ()Yes () No Meetings with senior government official(s)? (for non-DOE employees) Provide official's name, position, and contact information. Describe meeting goals.		
31. ( ) Yes ( ) No Embassy assistance will be required?		
Please specify		
32. Contact Information (required)		
Host Information Name: Phone:		
Affiliated Institution:		
Facility to be Visited:		
After Hours: Name: Phone:		

Section III. Trip Itinerary. (To Be Completed By Traveler) Use additional itinerary pages as required. Account for the business days betwee for each city/country to be visited and for each personal/vacation period.	een departure and return. Complete a separate itinerary	
Itinerary 23. Destination (City, Country)	24. Start Date (MON-DD-YYYY)	
No.	25. End Date (MON-DD-YYYY)	
26. ( ) Yes ( ) No, Is this part of the trip associated with a confe sponsor, and contact information (i.e., URL or E-mail address)	rence? If yes, specify conference name,	
Conference Name:		
Conference Sponsor Name:		
Conference URL/E-mail:		
27. Select One or More Primary Purpose(s)		
<ul> <li>Professional conference, seminar, workshop, working group,</li> <li>Research and development activities under an informal, lab-to-</li> <li>Meeting(s) on scientific, technical, project, or programmatic n</li> <li>Procurement-related matters</li> <li>Other(s), please specify</li> </ul>	-lab, or government-to-government agreement	
28. Provide further details concerning subject matter to be discusse response to no more than 3 lines (240 characters) to permit entr		
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B. ( ) Yes ( ) No International agreement? Please specify		
C. ( ) Yes ( ) No Will classified Information be discussed?		
D. ( ) Yes ( ) No Will classified information be hand carried?	?	
E. ( ) Yes ( ) No Will foreign intelligence information be han	nd carried?	
F. ( ) Yes ( ) No Will any part of the trip discuss sensitive to List?	opics as defined by DOE's Sensitive Subject	
G. ( ) Yes ( ) No Will any part of the trip involve information restrictions?	that is subject to U.S. Export Control	
30. ( )Yes ( ) No Meetings with senior government official(s) Provide official's name, position, and conta		
31. ( ) Yes ( ) No Embassy assistance will be required?		
Please specify		
32. Contact Information (required)		
Host Information Name:	Phone:	
Affiliated Institution:		
Facility to be Visited:		
	Phone:	

Section III. Trip Itinerary. (To Be Completed By Traveler) Use additional itinerary pages as required. Account for the business days betwee for each city/country to be visited and for each personal/vacation period.	en departure and return. Complete a separate itinerary	
Itinerary 23. Destination (City, Country)	24. Start Date (MON-DD-YYYY)	
No.	25. End Date (MON-DD-YYYY)	
26. ( ) Yes ( ) No, Is this part of the trip associated with a conference sponsor, and contact information (i.e., URL or E-mail address)	ence? If yes, specify conference name,	
Conference Name:		
Conference Sponsor Name:		
Conference URL/E-mail:		
27. Select One or More Primary Purpose(s)		
<ul> <li>Professional conference, seminar, workshop, working group, o</li> <li>Research and development activities under an informal, lab-to-I</li> <li>Meeting(s) on scientific, technical, project, or programmatic matching</li> <li>Procurement-related matters</li> <li>Other(s), please specify</li> </ul>	ab, or government-to-government agreement	
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B. ( ) Yes ( ) No International agreement? Please specify		
C. ( ) Yes ( ) No Will classified Information be discussed?		
D. ( ) Yes ( ) No Will classified information be hand carried?		
E. ( ) Yes ( ) No Will foreign intelligence information be hand	d carried?	
F. ( ) Yes ( ) No Will any part of the trip discuss sensitive top List?	pics as defined by DOE's Sensitive Subject	
G. ( ) Yes ( ) No Will any part of the trip involve information t restrictions?	that is subject to U.S. Export Control	
30. ( ) Yes ( ) No Meetings with senior government official(s)? Provide official's name, position, and contac		
31. ( ) Yes ( ) No Embassy assistance will be required?		
Please specify		
Host Information Name: F	Phone:	
Affiliated Institution:		
Facility to be Visited:		
	Phone:	

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Itinerary 23. Destination (City, Country)	24. Start Date (MON-DD-YYYY)	
No.	25 End Data (MON DD YYYY)	
	25. End Date (MON-DD-YYYY)	
26. ( ) Yes ( ) No, Is this part of the trip associated with a confe sponsor, and contact information (i.e., URL or E-mail address)	erence? If yes, specify conference name,	
Conference Name:		
Conference Sponsor Name:		
Conference URL/E-mail:		
27. Select One or More Primary Purpose(s)		
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B. ( ) Yes ( ) No International agreement? Please specify		
C. ( ) Yes ( ) No Will classified Information be discussed?		
D. ( ) Yes ( ) No Will classified information be hand carried	?	
E. ( ) Yes ( ) No Will foreign intelligence information be han	nd carried?	
F. ( ) Yes ( ) No Will any part of the trip discuss sensitive to List?		
G. ( ) Yes ( ) No Will any part of the trip involve information restrictions?	that is subject to U.S. Export Control	
30. ( )Yes ( ) No Meetings with senior government official(s Provide official's name, position, and conta		
31. ( )Yes ( ) No Embassy assistance will be required?		
Please specify		
Host Information Name:	Phone:	
Affiliated Institution:		
Facility to be Visited:		

#### Section IV – Reviews and Approvals

33. Traveler's Signature; I cert report within 30-calendar o	ify that the information provided is lays of my return.	correct, and I understand that I m	ust submit a trip
Due Date for Trip Repo	ort:		
Signature:	C	Date:	
34. Department Head Signatur	e		
Name and Title	Organization	Signature	Date
35. Local Review			
Robert Goldston, Director	Princeton Plasma Physics Labo	pratory	
Name and Title	Organization	Signature	Date

Distril	oution

Trip Report Will Be Submitted To		
Name:		
Title:		
Address:		

#### Section V - Proposed Itinerary

PROPOSED ITINERARY (Account for all time from beginning and ending dates of travel. Vacation dates taken in conjunction with this travel shall be indicated.) Please use Tab key when moving between fields. LOCATION INDIVIDUALS TO BE (Installation, City, Country) CONTACTED