

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 the Senior FTMS Organization Point of Contact at PPPL (Sally Meade).

Section I – Traveler Information

Section I. – Traveler Information. (To Be Completed By Traveler)

1. Name (Last, First, Middle)		2. Social Security Number	
3. Passport Number		Passport Expiration Date (MON-DD-YYYY)	
4. Birth Date (MON-DD-YYYY)	5. Birth Place (City, State/Province, Country)	6. Citizenship a) b)	
7. DOE Facility/Organization		8. Employee Type Specify name of contractor, university, or other:	
9. Employment Address			
10. Contact Information (required)			
Work Phone: ()		Home Phone: ()	
Work Fax: ()		E-mail Address:	
11. Division/Title			
12.a. Indicate whether you have held a DOE security clearance within the last 5 years. If yes, indicate the highest level received.			
<input type="checkbox"/> Yes, please specify		Highest Level:	
<input type="checkbox"/> No			
12.b. Indicate whether you have held any other government agency clearances within the last 5 years. If yes, enter agency and clearance level.			
<input type="checkbox"/> Yes, please specify		Agency: _____	
<input type="checkbox"/> No		Clearance: _____	
13. Notes			

Traveler Name: _____ Date: _____

Section II – General Trip and Funding 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 (MON-DD-YYYY)
	16. Return Date (MON-DD-YYYY)

17. Estimated Travel Costs By Funding Type. (One primary sponsor required)

Primary Sponsor	Funding Type	Program Office	B&R Code(s)	Title	Estimated Airfare	Estimated Other
() Yes						
() Yes						
() Yes						
() Yes						
() Yes						

18. Flight Information

() Coach

() Premium, please provide justification: _____

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) 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.
(If additional space is required, continue on separate sheet.)

Traveler Name: _____ Date: _____

Section III – Trip Itinerary

Section III. Trip Itinerary. (To Be Completed By Traveler)
 Use additional itinerary pages as required. Account for the business days between departure and return. Complete a separate itinerary for each city/country to be visited and for each personal/vacation period.

Itinerary No.	23. Destination (City, Country)	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: _____

Conference Sponsor Name: _____

Conference URL/E-mail: _____

27. Select One or More Primary Purpose(s)

() Professional conference, seminar, workshop, working group, or colloquium
 () 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. 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: _____

Traveler Name: _____ Date: _____

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Section IV – Reviews and Approvals

33. Traveler's Signature; I certify that the information provided is correct, and I understand that I must submit a trip report within 30-calendar days of my return.

Due Date for Trip Report: _____

Signature: _____ Date: _____

34. Department Head Signature

Name and Title	Organization	Signature	Date
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35. Local Review

Robert Goldston, Director	Princeton Plasma Physics Laboratory	_____	_____
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Name and Title	Organization	Signature	Date
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Distribution

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Trip Report Will Be Submitted To

Name:	
Title:	
Address:	

Traveler Name: _____ Date: _____

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 (Installation, City, Country)	INDIVIDUALS TO BE CONTACTED	