

This form is used to collect data necessary to support the DOE Foreign Travel Management System (FTMS). Items marked with \* must be completed.

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| **Travel Office Use Only** |
| FTMS# | Ecc# | SAFE Required? | Travel Dates: |
| 🞎 Presentation Notes/Abstract/Agenda 🞎 Foreign Funded 🞎Airfare Comparison 🞎 Personal Travel  |
| Notes: |

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| **Section I. – Traveler Information (To be completed by traveler)** |
| 1. \*Last Name        | \*First Name       | \*Middle Name or NMN      |
| **ONLY fill items 2-14 if this is your first SLAC foreign travel or if any data needs updating in FTMS** |
| 2. \*Last 4 Digits of SSN (if available) :       |  |
| 3. \*Passport Number       | 4. \*Passport Country       | 5.\*Expiration Date (mm/dd/yyyy)        |
| 6. \*Gender [ ]  Male [ ]  Female | 7. Permanent Resident Green Card Holder? [ ]  Yes [ ]  No |
| 8. \*Birth Place Country        | 9. \*Citizenship       |
| 10. Employment Address: [ ]  SLAC or\*Street Address      \*City      \*State      \*Zip       |
| 11. Contact Information\*Work Phone:      Work Fax:      Home Phone:      International Cell Phone:      Domestic Cell Phone:      \*E-mail Address:       |
| 12. Travel Administrator’s Email Address (to get copied on trip approvals):      |
| 13. \*Position/Title       |
| 14. \*Indicate whether you have held a DOE security clearance [ ]  Yes [ ]  No If yes, indicate the highest level received  |
| **Section II - General Trip Information**Use additional general trip information pages as required and include all funding types estimated for this trip request. |

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| 15. \*Place of Departure (City, State, Country)       | 16. \*Departure Date: Click here to enter a date. |
| 17. \*Return Date: Click here to enter a date. |

18. \*Estimated travel costs by funding type

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| PrimarySponsor | Funding Type | Charge Number | [Estimated Airfare](https://www.orbitzforbusiness.net/Secure/OFBSignIn?affiliate=MzAwMDAwNDEzNQ==) | [Estimated Other](http://aoprals.state.gov/web920/per_diem.asp) |
| [ ]  Yes |  |       |       |       |
| [ ]  Yes |  |       |       |       |
| [ ]  Yes |  |       |       |       |
| 19. Type of Travel:  | 20. If not coach, give justification for premium travel:      |
| 21. Names and Organizations of other personnel accompanying the traveler as a team      |
| 22. \*Benefit to Government (include benefit to present position and the department)       |
| 23. Comments:       |
| 24. \*Has the traveler contacted his/her Medical Support Staff to ensure awareness of safety & health issues of the country(ies) to be visited? [ ]  Yes [ ]  No |
| 25. Will the traveler be taking DOE or laboratory owned equipment on this travel? [ ] Yes [ ] No       |

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| **Section III – Trip Itinerary**Account for the entire timeframe between departure and return by completing a separate itinerary for each city/country to be visited (for the exception of personal leave).  |

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| 26a. \*Is this part of the trip associated with a conference? [ ] Yes [ ] No [ ] Unknown If yes, submit [conference attendance form(s)](https://portal.slac.stanford.edu/apps/ConferenceRequest/default.aspx) 90 days before start date and complete item 26b |
| 26b. Complete this section if attending a conference (if presenting, please include draft of notes and agendas)Conference Name:      Conference Start Date: Click here to enter a date. Conference End Date: Click here to enter a date.URL:       |
| 27. \*Destination City, Country:       | 28. \*Start Date: Click here to enter a date. |
| 29. \*End Date: Click here to enter a date. |
| 30. \*Select One or More Primary Purpose(s)[ ]  Professional conference or workshop[ ]  Seminar/Symposium[ ] Working group or colloquia (scientific meeting)[ ] Site Visit[ ] Research & Development activities under an informal, lab-to-lab, or government agreement | [ ] Meeting(s) on scientific, technical, project or programmatic matters[ ] Procurement-related matters[ ] Official Stop Over[ ] Permanent Change of Station[ ] Other(s):       |
| [ ] Personal Leave Start Date Click here to enter a date. End Date: Location:      |
| 31. \*Justify Trip Purpose (i.e. Topics to be discussed, formal presentation or paper)        |
| This part of the trip involves:\*32. Lab-to-Lab agreement? [ ] Yes [ ] No\*33. University-to-Lab agreement? [ ] Yes [ ] No\*34. International agreement?  [ ] Yes [ ] No  If yes, enter agreement:      \*35. Will classified information be discussed? [ ] Yes [ ] No\*36. Is the traveler planning on interacting with anyone  from a [DOE-designated sensitive country](http://www-group.slac.stanford.edu/ocfo/travel/sensitiveCountries.html)? [ ] Yes [ ] No\*37. Does this Itinerary involve Training? [ ] Yes [ ] No\*38. Will any part of the trip discuss sensitive subjects?  [ ] Yes [ ] No | \*39. Will any part of the trip discuss sensitive subjects as defined by DOE’s Sensitive Subject List? [ ] Yes [ ] No\*40. Will any part of the trip involve information that is subject to US Export Control restriction? [ ] Yes [ ] No\*41. Meeting with senior government official(s)? (for non-DOE employees) [ ] Yes [ ] No i. Please provide official’s name, position, and contact information. Describe meeting goals:     \*42. Embassy assistance will be required? [ ] Yes [ ] No  If yes, please describe.      |
| 43. Contacts |
| \*Host Name      | \*Host Phone      | \*Affiliated Institution       | \*Facility to be visited      | \*Date Visited      |
| \*Hotel/Lodging Name      | \*Hotel/Lodging Phone      |
| 44. Emergency next-of-kin Contact (\*for travel to Germany & Switzerland)  Name:       Telephone Number:       |

[Click for additional Section III](http://www-group.slac.stanford.edu/ocfo/travel/documents/FTASect3.docx)

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| **Late Foreign Travel Approval Waiver (if submitting less than 35 days)** |
| \*Please explain why this is submitted after the deadline:       |

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| **Reviews and Approvals** |
| I. \*Traveler Name (Type or Printed):      Title:      Organization:      Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Comments**:       |
| II. \*Supervisor ApprovalName (Type or Printed):      Title:      Organization:      Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Comments**:       |
| III. \*Business Manager/Planner (per AID Matrix) ApprovalName (Type or Printed):       Title:      Organization:      Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Comments:**       |
| IV. Optional Approval for Directorate Use OnlyName (Type or Printed):       Title:      Organization:      Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Comments:**       |