

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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| Primary  Sponsor | 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 Approval  Name (Type or Printed):  Title:  Organization:  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Comments**: |
| III. \*Business Manager/Planner (per AID Matrix) Approval  Name (Type or Printed):  Title:  Organization:  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Comments:** |
| IV. Optional Approval for Directorate Use Only  Name (Type or Printed):  Title:  Organization:  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Comments:** |