FOREIGN TRAVEL AUTHORIZATION (FTA) FORM

Important: Travel is not approved until you receive an official email from the Travel Office with your DOE-assigned FTMS number. Do not travel without this confirmation.

TRAVEL OFFICE USE ONLY		
FTMS TR	eCC ID	Travel Dates
Training Required ☐ Yes ☐ No		
Notes		
Approval Date		

SUBMISSIONS & INSTRUCTIONS	
Requirements	To comply with DOE Order 550.1, SLAC Travel must enter foreign travel requests into FTMS no later than 30 days before the trip start date. To ensure timely processing, please submit travel requests as soon as plans are finalized, ideally at least 45 days in advance.
Instructions	This form is required to gather the information needed to process foreign travel requests in compliance with the Department of Energy's Foreign Travel Management System (FTMS). All sections must be fully completed for your request to be reviewed. Please submit the completed FTA form via secure email to: travel@slac.stanford.edu
Important Notes	Fields marked with an asterisk (*) are mandatory and must not be left blank, marked "NA," or listed as "TBD."
Helpful Links	• Foreign Travel Overview • Fly America Act & Open Skies Agreement • Security Requirements

Questions or need help completing the form?
Email: travel@slac.stanford.edu

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Section I – Traveler Information (to be completed by Traveler)		
1.*Last Name	*Legal First Name	*Middle Name or NMN
Complete items 2–15 only if this is your first SLAC foreign trip or if updates to your FTMS profile are needed		
2. *Passport Number	3. *Passport Country	4. *Expiration Date
5. *Permanent Resident Green Card Holder? ☐Yes ☐ No		
6. *Birthplace Country	7. *Citizenship Country(ies)	
8. *Employment Address: ☐ SLAC or		
Address:		
City:	State:	Zip:
9. *Employee Type: Select from list If non-DOE, specify the name of the employer:		
10. Contact Information		
* Work Phone:		
*Domestic Cell Phone:		
International Cell Phone:		
*Email Address:		
11. *Position /Title		
12. *Indicate whether you have a security clearance ☐ Yes ☐ No If yes, indicate the highest level received Select from list		
13. Travel administrator's name and email address (to get copied on trip approvals), if applicable:		
14. Emergency Contact		
*Name: (First + Last)	*Telephone Number:	*Email Address:

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Section II – General Trip Information
Provide trip estimates and list all applicable funding sources. Use additional pages if needed.

15. *Place of Departure (City, State, Country)	16. *Departure Date:
	17. *Return Date:

18. *Estimated travel costs by funding type

Primary Sponsor	Funding Type	Project Activity #	Funding Codes (if known)	Estimated Airfare	Estimated Other
☐	Select a funding type				
☐	Select a funding type				
☐	Select a funding type				

19. Names and Organizations of other personnel accompanying the traveler as part of a team

20. *Benefit to Government (Briefly describe the value of the travel, beginning with the event's significance. Include benefit to present position and Department)

22. Comments: Select One

22. *Has the traveler contacted his/her Medical Support Staff to ensure awareness of safety and health issues of the country(ies) to be visited? ☐ Yes ☐ No

23. *Will the traveler be taking DOE or laboratory owned equipment on this trip? ☐ Yes ☐ No

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Section III – Trip Itinerary Provide a separate itinerary for each city or country visited, covering the full period from departure to return (excluding personal leave).	
24a. *Will you be attending a conference ☐ Yes ☐ No ☐ Unknown	
Conference Information	
24b. Conference Name:	
Conference Start Date:	Conference End Date:
Website URL:	
25. *Destination City, Country	*Start Date: *End Date:
26. *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 stopover ☐ Permanent Change of Station ☐ Other(s):	
27. ☐ Personal Leave Start Date: End date:	
28. *Justify Trip Purpose (briefly describe what you'll be doing (e.g., giving a talk, topics to be discussed, attending a review).	
29. This part of the trip involves Select One	
Host and Lodging Information	
30. *Host Name	31. *Host Phone
32. *Affiliated Institution	33. *Event Venue
34. *Hotel/Lodging Name	35. *Hotel/Lodging Phone
36. *Hotel/Lodging Address	

Click for additional itinerary

Section IV – Late Waiver Complete this section for travel requests submitted less than 30 days before departure
Please explain why this is submitted after the deadline:

Section V - Approvals
I. Traveler Name _____ Signature _____ Date _____
II. Supervisor Name _____ Signature _____ Date _____
III. Cost Accounting Manager (CAM) Name _____ Signature _____ Date _____
IV. Optional Approval for Directorate Use Only Name _____ Signature _____ Date _____