

International Travel FTMS Forms: Guidance for PPPL Travelers

Submission of a completed FTMS form is required for all PPPL travelers planning an international trip in order to obtain DOE approval regardless of the source of funds. The only exception is for travel taken completely during vacation or unpaid leave and with no PPPL expenditures. The completed FTMS form must be submitted at least 40 days before the proposed departure date for travel to DOE sensitive countries and 30 days before the start of travel to non-sensitive countries. A blank form is available at:

[Travel Approval Request Form 2015.xls](#)

Most entries on the FTMS form are self-explanatory. There are four that merit special attention:

Section II): Benefit to the Government (include benefit to present position with the Department)

Key elements include trip benefits to the US fusion program (or other US program activity) and the PPPL activities in that program.

Section III): Primary Purpose (select the appropriate category in box a or complete box b if “Other” is selected in box a)

This should identify the primary activity for each part of the trip (each itinerary stop).

Section III): Justify Trip Purpose

Key elements include: (1) A description of the purpose for each itinerary of the trip, including specific topics to be discussed or presented; (2) A description of how this part of the trip is related to the PPPL programs and projects; and (3) A description of the specific benefits realized from this part of the trip, or description of opportunities lost by not making trip.

Section III): Agreements (Select “Yes” or “No” for the appropriate type of Trip)

This should identify international agreements that the trip is organized under or that the trip supports. Examples include the ITER Agreement; the IEA Implementing Agreements for Fusion Research on Tokamaks, Spherical Torii, and Stellarators; bilateral agreements for fusion research with the EU, China, Japan, Korea, and other countries; bilateral agreements for scientific research with the EU, Germany, and other countries; the IAEA statute; lab-to-lab MOUs.

The responses on these lines inform DOE and the government about the significance of the trip and are key to securing DOE approval. The answers should be as specific as possible.

In the sections below, examples are given for four common types of international trips:

1. Present an invited lecture / seminar / colloquium
2. Conferences
3. Meetings
4. Working trip or collaboration

These should not be copied literally, but rather indicate appropriate types of answers.

Example 1: Present an invited lecture at the International ITER School

Benefit to Government: This trip supports the US participation in ITER through teaching young scientists fundamental wave physics, an element of the DOE-FES program. In the invited lecture, new methodologies and developments are explained, highlighting US and PPPL program activities. Participation will give exposure to developments in the other ITER-partner programs, and will lead to international connections with young attendees who are likely to become leading researchers in the ITER team.

Primary Purpose: Seminar/Symposium

Justify Trip Purpose: Give an invited lecture titled "Lagrangian and Geometrical methods in the fundamental physics of waves and their application to plasma dynamics" to young researchers from the international ITER-partner programs. This will ensure they are aware of the US program and results in this area, and build connections between the US and future ITER team members.

Agreement: The ITER Agreement.

Example 2: Attend the European Physical Society Conference

Benefit to Government: Represent the US fusion program and interests at the European Physical Society Conference on Plasma Physics and Fusion. Present results of US research and ensure that US results receive appropriate visibility at the conference. Identify key new results from the European program Plan ongoing and future collaboration opportunities with European researchers.

Primary Purpose: Professional conference or workshop.

Justify Trip Purpose: The purpose is to present a poster on edge and plasma-wall interactions in NSTX at the annual EPS Conference on Plasma Physics and Fusion. Attending the conference provides an opportunity to discuss our new results with researchers in the EU edge program, discuss and understand their new results on tungsten walls, and develop new collaborations.

Agreement: US-EU Bilateral Agreement on Fusion Research

Example 3: Attend ITPA Topical Group Meeting on Transport and Confinement

Benefit to Government: Represent the US and PPPL in working group activities coordinating international research on plasma transport in tokamaks, preparing for experiments on ITER, and developing a predictive understanding of plasmas

confinement (a key goal of the US and world fusion program). US and PPPL participation is critical for disseminating US research results, understanding international results and ideas, planning collaborations and future coordinated research, and ensuring that the US is aware of ITER research needs.

Primary Purpose: Working group or colloquium (scientific meeting)

Justify Trip purpose: The purpose of this trip is to attend a meeting of the ITPA Transport and Confinement Group, to present the results of joint experiments conducted between NSTX and other international tokamaks. Results from this year's planned activities in all programs will be discussed. ITER high priority requests and initial ideas for next year's joint research will be identified, and will inform planning for new experiments on NSTX and other US facilities.

Agreement: IEA Implementing Agreement on Tokamak Research and ITER Agreement.

Example 4: Collaborate on experiments on KSTAR

Benefit to Government: This trip continues US collaboration on KSTAR experiments, providing results and experience to the US fusion program from a superconducting tokamak.

Primary Purpose: R&D Activities under an agreement

Justify Trip purpose: The purpose of this trip is to participate in KSTAR experiments related to ELM stability with Resonant Magnetic Perturbations (RMP) and analyze data with other KSTAR team members. A seminar will be given on results from NSTX.

Agreement: IEA Implementing Agreement on Tokamak Research and US-Korean Bilateral Agreement on Fusion Research

**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 your sites Senior FTMS Organizational Point of Contact (Sr. OPOC).

This form may be completed on your computer. Press TAB to jump from one field to the next.

Section I – Traveler Information (to be completed by Traveler)			
1. Program Office		1a. If Program Office is within NNSA, provide a PNTR number	
2. Last Name	First Name	Middle Name or NMN	
3. Do you have an SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last 4 digits of SSN (ex.xxx-xx-6789) ▶	
4. Passport Type	Passport Number	Expiration Date (mm/dd/yyyy)	
1	<input type="checkbox"/> Regular <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic		
2	<input type="checkbox"/> Regular <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic		
3	<input type="checkbox"/> Regular <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic		
5. Visa 1 (Additional Visa's can be added at the end of this form.)			
Country		Duration	
Visa Number		Other Duration	
Visa Pages Checked <input type="checkbox"/> Yes <input type="checkbox"/> No		Expected Return Date	
Expiration Date		Issue Date	
Comment (600 character max)			
6. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		7. Birth Place Country:	
8. Citizenship (1) (2)		9. Permanent Resident Green Card Holder? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. DOE Facility/Organization Non-editable field that defaults to the site to which you are logged in. If the traveler does not work for DOE, provide further details about their employer in the Employee Type field.		14. Employee Type: <input type="checkbox"/> DOE Federal Employee <input type="checkbox"/> Other Federal Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Foreign National <input type="checkbox"/> University <input type="checkbox"/> Invitational Traveler	
11. Local Organization/Department		If non-DOE specify the name of the employer:	
12. Local Facility:			
13. Local ID:			
15. Employment Address Street Address			
City	State	ZIP Code	Country
16. Contact Information			
Phone Type		Phone Number (domestic example: 703-555-5555)	
1	<input type="checkbox"/> Work Phone <input type="checkbox"/> Work Fax <input type="checkbox"/> Home Phone <input type="checkbox"/> Domestic Cell <input type="checkbox"/> International Cell		
2	<input type="checkbox"/> Work Phone <input type="checkbox"/> Work Fax <input type="checkbox"/> Home Phone <input type="checkbox"/> Domestic Cell <input type="checkbox"/> International Cell		
3	<input type="checkbox"/> Work Phone <input type="checkbox"/> Work Fax <input type="checkbox"/> Home Phone <input type="checkbox"/> Domestic Cell <input type="checkbox"/> International Cell		

4	<input type="checkbox"/> Work Phone <input type="checkbox"/> Work Fax <input type="checkbox"/> Home Phone <input type="checkbox"/> Domestic Cell <input type="checkbox"/> International Cell	
5	<input type="checkbox"/> Work Phone <input type="checkbox"/> Work Fax <input type="checkbox"/> Home Phone <input type="checkbox"/> Domestic Cell <input type="checkbox"/> International Cell	
e-mail Address:		Use For Password Reset <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
17. Position/Title		
18. Indicate whether you have a security clearance. <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, indicate highest level received: <input type="checkbox"/> Top Secret <input type="checkbox"/> Secret <input type="checkbox"/> Q <input type="checkbox"/> L <input type="checkbox"/> Other		
19. Notes to other OPOCs.		

Traveler Name: _____

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.

20. Place of Departure (City, State/Province, Country)	21. Departure Date (mm/dd/yyyy)
	22. Return Date (mm/dd/yyyy)

23. Estimated travel costs by funding type

Primary Sponsor	Funding Type	Program Office	Project No.	Task No.	Funding Code	Title	Estimated Airfare	Estimated Other
<input type="checkbox"/>	<input type="checkbox"/> DOE <input type="checkbox"/> Non-DOE <input type="checkbox"/> Foreign <input type="checkbox"/> DOE Overhead <input type="checkbox"/> Salary							
<input type="checkbox"/>	<input type="checkbox"/> DOE <input type="checkbox"/> Non-DOE <input type="checkbox"/> Foreign <input type="checkbox"/> DOE Overhead <input type="checkbox"/> Salary							
<input type="checkbox"/>	<input type="checkbox"/> DOE <input type="checkbox"/> Non-DOE <input type="checkbox"/> Foreign <input type="checkbox"/> DOE Overhead <input type="checkbox"/> Salary							
<input type="checkbox"/>	<input type="checkbox"/> DOE <input type="checkbox"/> Non-DOE <input type="checkbox"/> Foreign <input type="checkbox"/> DOE Overhead <input type="checkbox"/> Salary							

24. Type of Travel:

<input type="checkbox"/> Airfare – Coach	<input type="checkbox"/> Vehicle – Rental	<input type="checkbox"/> Airfare – Premium	<input type="checkbox"/> Vehicle – Privately Owned
<input type="checkbox"/> Train – Coach	<input type="checkbox"/> Train – Premium	<input type="checkbox"/> None	

Carrier Name _____ Flight Number _____
 Departure Point _____ Departure Date _____ Departure Time : AM PM

Type of Travel:

<input type="checkbox"/> Airfare – Coach	<input type="checkbox"/> Vehicle – Rental	<input type="checkbox"/> Airfare – Premium	<input type="checkbox"/> Vehicle – Privately Owned
<input type="checkbox"/> Train – Coach	<input type="checkbox"/> Train – Premium	<input type="checkbox"/> None	

Carrier Name _____ Flight Number _____
 Departure Point _____ Departure Date _____ Departure Time : AM PM

(Additional entries are available at the end of this form.)

25. Give justification of premium travel:

26. Names and Organizations of Headquarters personnel with whom trip has been coordinated

Org. Code	Contact Name

Traveler Name: _____

27. Names and Organizations of other personnel with whom you are traveling as a team:		
28. Benefit to Government (include benefit to present position and the Department):		
29. Type of Assignment		
<input type="checkbox"/> Temporary Duty	<input type="checkbox"/> Permanent Change of Station	<input type="checkbox"/> Temporary Change of Station
<input type="checkbox"/> Transfers to International Organizations	<input type="checkbox"/> Cost Fee Experts	
30. Comments		
General comments regarding trip request:		
Specify any paper attachments to this form:		
Place of return (if not the same as the departure city) and reason:		
31. Field TR (Reference) Number		
32. Has the traveler contacted his/her Medical Support Staff to ensure awareness of safety and health issues of the country(ies) to be visited?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (1000 characters max.)		
33. Will the traveler be taking DOE or Laboratory owned equipment on this travel?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (1000 characters max.)		

Traveler Name: _____

Itinerary 1

Section III – Trip Itinerary (to be completed by Traveler)	
Use additional itinerary pages as required. Account for the entire time between departure and return. Complete a separate itinerary for each city/country to be visited and for each personal or leave period.	
33a. Is this part of the trip associated with a conference? If yes, specify conference name, start and end dates, country-city of the conference, and the conference URL below (if known). <input type="checkbox"/> Yes <input type="checkbox"/> No	
33b. Will anyone from a DOE-designated sensitive country be in attendance at this conference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Conference Name	Conference URL (if known)
34. Destination Country-City	
35. Start Date (mm/dd/yyyy)	36. End Date (mm/dd/yyyy)
37a. Select One or More Primary Purpose(s):	
<input type="checkbox"/> Professional conference or workshop <input type="checkbox"/> Seminar/Symposium <input type="checkbox"/> Working group or colloquia (scientific meeting) <input type="checkbox"/> Site Visit <input type="checkbox"/> R and D activities under an informal lab-to-lab or government-to-government agreement	<input type="checkbox"/> Meeting(s) on scientific, technical, project, or programmatic matters <input type="checkbox"/> Procurement-related matters <input type="checkbox"/> Official Stop Over <input type="checkbox"/> Personal Leave <input type="checkbox"/> Travel for IAEA <input type="checkbox"/> Other(s)
37b. List other primary purpose:	
38. Justify Trip Purpose (i.e. topics to be discussed, formal presentation, or paper):	
This part of the trip involves:	
39. <input type="checkbox"/> Yes <input type="checkbox"/> No Lab-to-Lab agreement?	
40. <input type="checkbox"/> Yes <input type="checkbox"/> No University-to-Lab agreement?	
41. <input type="checkbox"/> Yes <input type="checkbox"/> No International agreement? If yes, enter agreement name:	
42. <input type="checkbox"/> Yes <input type="checkbox"/> No Will classified information be discussed?	
43. <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be interacting with anyone from a DOE-designated sensitive country?	
44. <input type="checkbox"/> Yes <input type="checkbox"/> No Does this Itinerary involve training?	
45. <input type="checkbox"/> Yes <input type="checkbox"/> No Will any part of the trip discuss sensitive subjects as defined by DOE's Sensitive Subject List?	
46. <input type="checkbox"/> Yes <input type="checkbox"/> No Will any part of the trip involve information that is subject to U.S. Export Control restrictions?	
47. <input type="checkbox"/> Yes <input type="checkbox"/> No Meetings with senior government official(s)? Provide official's name, position, and contact information. Describe meeting goals.	
48. Embassy Assistance	
Does the traveler require the post to arrange lodging accommodations? Please describe: (Please do not exceed 2000 characters.)	
Does the traveler require the post to arrange airport assistance or transportation? Please describe: (Please do not exceed 2000 characters.)	
Will the traveler be traveling with an accompanying pouch? Please describe: (Please do not exceed 2000 characters.)	
Does the traveler require an appointment with someone? Please describe: (Please do not exceed 2000 characters.)	
Does the traveler require any other assistance? Please describe: (Please do not exceed 2000 characters.)	
Fiscal Data: Please describe: (Please do not exceed 2000 characters.)	

Traveler Name: _____

Any Other Comments/Remarks: Please describe: (Please do not exceed 4000 characters.)				
49. Contacts				
Host Name	Host Phone	Affiliated Institution	Facility to be Visited	Date Visited
After Hours Name	After Hours Phone	After Hours Name	After Hours Phone	

Traveler Name: _____

Itinerary 2

Section III – Trip Itinerary (to be completed by Traveler)	
Use additional itinerary pages as required. Account for the entire time between departure and return. Complete a separate itinerary for each city/country to be visited and for each personal or leave period.	
33a. Is this part of the trip associated with a conference? If yes, specify conference name, start and end dates, country-city of the conference, and the conference URL below (if known). <input type="checkbox"/> Yes <input type="checkbox"/> No	
33b. Will anyone from a DOE-designated sensitive country be in attendance at this conference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Conference Name	Conference URL (if known)
34. Destination Country-City	
35. Start Date (mm/dd/yyyy)	36. End Date (mm/dd/yyyy)
37a. Select One or More Primary Purpose(s):	
<input type="checkbox"/> Professional conference or workshop <input type="checkbox"/> Seminar/Symposium <input type="checkbox"/> Working group or colloquia (scientific meeting) <input type="checkbox"/> Site Visit <input type="checkbox"/> R and D activities under an informal lab-to-lab or government-to-government agreement	<input type="checkbox"/> Meeting(s) on scientific, technical, project, or programmatic matters <input type="checkbox"/> Procurement-related matters <input type="checkbox"/> Official Stop Over <input type="checkbox"/> Personal Leave <input type="checkbox"/> Travel for IAEA <input type="checkbox"/> Other(s)
37b. List other primary purpose:	
38. Justify Trip Purpose (i.e. topics to be discussed, formal presentation, or paper):	
This part of the trip involves:	
39. <input type="checkbox"/> Yes <input type="checkbox"/> No Lab-to-Lab agreement?	
40. <input type="checkbox"/> Yes <input type="checkbox"/> No University-to-Lab agreement?	
41. <input type="checkbox"/> Yes <input type="checkbox"/> No International agreement? If yes, enter agreement name:	
42. <input type="checkbox"/> Yes <input type="checkbox"/> No Will classified information be discussed?	
43. <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be interacting with anyone from a DOE-designated sensitive country?	
44. <input type="checkbox"/> Yes <input type="checkbox"/> No Does this Itinerary involve training?	
45. <input type="checkbox"/> Yes <input type="checkbox"/> No Will any part of the trip discuss sensitive subjects as defined by DOE's Sensitive Subject List?	
46. <input type="checkbox"/> Yes <input type="checkbox"/> No Will any part of the trip involve information that is subject to U.S. Export Control restrictions?	
47. <input type="checkbox"/> Yes <input type="checkbox"/> No Meetings with senior government official(s)? Provide official's name, position, and contact information. Describe meeting goals.	
48. Embassy Assistance	
Does the traveler require the post to arrange lodging accommodations? Please describe: (Please do not exceed 2000 characters.)	
Does the traveler require the post to arrange airport assistance or transportation? Please describe: (Please do not exceed 2000 characters.)	
Will the traveler be traveling with an accompanying pouch? Please describe: (Please do not exceed 2000 characters.)	
Does the traveler require an appointment with someone? Please describe: (Please do not exceed 2000 characters.)	
Does the traveler require any other assistance? Please describe: (Please do not exceed 2000 characters.)	
Fiscal Data: Please describe: (Please do not exceed 2000 characters.)	

Traveler Name: _____

Any Other Comments/Remarks: Please describe: (Please do not exceed 4000 characters.)				
49. Contacts				
Host Name	Host Phone	Affiliated Institution	Facility to be Visited	Date Visited
After Hours Name	After Hours Phone	After Hours Name	After Hours Phone	

Traveler Name: _____

Itinerary 3

Section III – Trip Itinerary (to be completed by Traveler)	
Use additional itinerary pages as required. Account for the entire time between departure and return. Complete a separate itinerary for each city/country to be visited and for each personal or leave period.	
33a. Is this part of the trip associated with a conference? If yes, specify conference name, start and end dates, country-city of the conference, and the conference URL below (if known). <input type="checkbox"/>Yes <input type="checkbox"/>No	
33b. Will anyone from a DOE-designated sensitive country be in attendance at this conference? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>Unknown	
Conference Name	Conference URL (if known)
34. Destination Country-City	
35. Start Date (mm/dd/yyyy)	36. End Date (mm/dd/yyyy)
37a. Select One or More Primary Purpose(s):	
<input type="checkbox"/> Professional conference or workshop <input type="checkbox"/> Seminar/Symposium <input type="checkbox"/> Working group or colloquia (scientific meeting) <input type="checkbox"/> Site Visit <input type="checkbox"/> R and D activities under an informal lab-to-lab or government-to-government agreement	<input type="checkbox"/> Meeting(s) on scientific, technical, project, or programmatic matters <input type="checkbox"/> Procurement-related matters <input type="checkbox"/> Official Stop Over <input type="checkbox"/> Personal Leave <input type="checkbox"/> Travel for IAEA <input type="checkbox"/> Other(s)
37b. List other primary purpose:	
38. Justify Trip Purpose (i.e. topics to be discussed, formal presentation, or paper):	
This part of the trip involves:	
39. <input type="checkbox"/> Yes <input type="checkbox"/> No Lab-to-Lab agreement?	
40. <input type="checkbox"/> Yes <input type="checkbox"/> No University-to-Lab agreement?	
41. <input type="checkbox"/> Yes <input type="checkbox"/> No International agreement? If yes, enter agreement name:	
42. <input type="checkbox"/> Yes <input type="checkbox"/> No Will classified information be discussed?	
43. <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be interacting with anyone from a DOE-designated sensitive country?	
44. <input type="checkbox"/> Yes <input type="checkbox"/> No Does this Itinerary involve training?	
45. <input type="checkbox"/> Yes <input type="checkbox"/> No Will any part of the trip discuss sensitive subjects as defined by DOE's Sensitive Subject List?	
46. <input type="checkbox"/> Yes <input type="checkbox"/> No Will any part of the trip involve information that is subject to U.S. Export Control restrictions?	
47. <input type="checkbox"/> Yes <input type="checkbox"/> No Meetings with senior government official(s)? Provide official's name, position, and contact information. Describe meeting goals.	
48. Embassy Assistance	
Does the traveler require the post to arrange lodging accommodations? Please describe: (Please do not exceed 2000 characters.)	
Does the traveler require the post to arrange airport assistance or transportation? Please describe: (Please do not exceed 2000 characters.)	
Will the traveler be traveling with an accompanying pouch? Please describe: (Please do not exceed 2000 characters.)	
Does the traveler require an appointment with someone? Please describe: (Please do not exceed 2000 characters.)	
Does the traveler require any other assistance? Please describe: (Please do not exceed 2000 characters.)	
Fiscal Data: Please describe: (Please do not exceed 2000 characters.)	

Traveler Name: _____

Any Other Comments/Remarks: Please describe: (Please do not exceed 4000 characters.)				
49. Contacts				
Host Name	Host Phone	Affiliated Institution	Facility to be Visited	Date Visited
After Hours Name	After Hours Phone	After Hours Name	After Hours Phone	

Traveler Name: _____

Itinerary 4

Section III – Trip Itinerary (to be completed by Traveler)	
Use additional itinerary pages as required. Account for the entire time between departure and return. Complete a separate itinerary for each city/country to be visited and for each personal or leave period.	
33a. Is this part of the trip associated with a conference? If yes, specify conference name, start and end dates, country-city of the conference, and the conference URL below (if known). <input type="checkbox"/> Yes <input type="checkbox"/> No	
33b. Will anyone from a DOE-designated sensitive country be in attendance at this conference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Conference Name	Conference URL (if known)
34. Destination Country-City	
35. Start Date (mm/dd/yyyy)	36. End Date (mm/dd/yyyy)
37a. Select One or More Primary Purpose(s):	
<input type="checkbox"/> Professional conference or workshop <input type="checkbox"/> Seminar/Symposium <input type="checkbox"/> Working group or colloquia (scientific meeting) <input type="checkbox"/> Site Visit <input type="checkbox"/> R and D activities under an informal lab-to-lab or government-to-government agreement	<input type="checkbox"/> Meeting(s) on scientific, technical, project, or programmatic matters <input type="checkbox"/> Procurement-related matters <input type="checkbox"/> Official Stop Over <input type="checkbox"/> Personal Leave <input type="checkbox"/> Travel for IAEA <input type="checkbox"/> Other(s)
37b. List other primary purpose:	
38. Justify Trip Purpose (i.e. topics to be discussed, formal presentation, or paper):	
This part of the trip involves:	
39. <input type="checkbox"/> Yes <input type="checkbox"/> No Lab-to-Lab agreement?	
40. <input type="checkbox"/> Yes <input type="checkbox"/> No University-to-Lab agreement?	
41. <input type="checkbox"/> Yes <input type="checkbox"/> No International agreement? If yes, enter agreement name:	
42. <input type="checkbox"/> Yes <input type="checkbox"/> No Will classified information be discussed?	
43. <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be interacting with anyone from a DOE-designated sensitive country?	
44. <input type="checkbox"/> Yes <input type="checkbox"/> No Does this Itinerary involve training?	
45. <input type="checkbox"/> Yes <input type="checkbox"/> No Will any part of the trip discuss sensitive subjects as defined by DOE's Sensitive Subject List?	
46. <input type="checkbox"/> Yes <input type="checkbox"/> No Will any part of the trip involve information that is subject to U.S. Export Control restrictions?	
47. <input type="checkbox"/> Yes <input type="checkbox"/> No Meetings with senior government official(s)? Provide official's name, position, and contact information. Describe meeting goals.	
48. Embassy Assistance	
Does the traveler require the post to arrange lodging accommodations? Please describe: (Please do not exceed 2000 characters.)	
Does the traveler require the post to arrange airport assistance or transportation? Please describe: (Please do not exceed 2000 characters.)	
Will the traveler be traveling with an accompanying pouch? Please describe: (Please do not exceed 2000 characters.)	
Does the traveler require an appointment with someone? Please describe: (Please do not exceed 2000 characters.)	
Does the traveler require any other assistance? Please describe: (Please do not exceed 2000 characters.)	
Fiscal Data: Please describe: (Please do not exceed 2000 characters.)	

Traveler Name: _____

Any Other Comments/Remarks: Please describe: (Please do not exceed 4000 characters.)				
49. Contacts				
Host Name	Host Phone	Affiliated Institution	Facility to be Visited	Date Visited
After Hours Name	After Hours Phone	After Hours Name	After Hours Phone	

Traveler Name: _____

Itinerary 5

Section III – Trip Itinerary (to be completed by Traveler)	
Use additional itinerary pages as required. Account for the entire time between departure and return. Complete a separate itinerary for each city/country to be visited and for each personal or leave period.	
33a. Is this part of the trip associated with a conference? If yes, specify conference name, start and end dates, country-city of the conference, and the conference URL below (if known). <input type="checkbox"/> Yes <input type="checkbox"/> No	
33b. Will anyone from a DOE-designated sensitive country be in attendance at this conference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Conference Name	Conference URL (if known)
34. Destination Country-City	
35. Start Date (mm/dd/yyyy)	36. End Date (mm/dd/yyyy)
37a. Select One or More Primary Purpose(s):	
<input type="checkbox"/> Professional conference or workshop <input type="checkbox"/> Seminar/Symposium <input type="checkbox"/> Working group or colloquia (scientific meeting) <input type="checkbox"/> Site Visit <input type="checkbox"/> R and D activities under an informal lab-to-lab or government-to-government agreement	<input type="checkbox"/> Meeting(s) on scientific, technical, project, or programmatic matters <input type="checkbox"/> Procurement-related matters <input type="checkbox"/> Official Stop Over <input type="checkbox"/> Personal Leave <input type="checkbox"/> Travel for IAEA <input type="checkbox"/> Other(s)
37b. List other primary purpose:	
38. Justify Trip Purpose (i.e. topics to be discussed, formal presentation, or paper):	
This part of the trip involves:	
39. <input type="checkbox"/> Yes <input type="checkbox"/> No Lab-to-Lab agreement?	
40. <input type="checkbox"/> Yes <input type="checkbox"/> No University-to-Lab agreement?	
41. <input type="checkbox"/> Yes <input type="checkbox"/> No International agreement? If yes, enter agreement name:	
42. <input type="checkbox"/> Yes <input type="checkbox"/> No Will classified information be discussed?	
43. <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be interacting with anyone from a DOE-designated sensitive country?	
44. <input type="checkbox"/> Yes <input type="checkbox"/> No Does this Itinerary involve training?	
45. <input type="checkbox"/> Yes <input type="checkbox"/> No Will any part of the trip discuss sensitive subjects as defined by DOE's Sensitive Subject List?	
46. <input type="checkbox"/> Yes <input type="checkbox"/> No Will any part of the trip involve information that is subject to U.S. Export Control restrictions?	
47. <input type="checkbox"/> Yes <input type="checkbox"/> No Meetings with senior government official(s)? Provide official's name, position, and contact information. Describe meeting goals.	
48. Embassy Assistance	
Does the traveler require the post to arrange lodging accommodations? Please describe: (Please do not exceed 2000 characters.)	
Does the traveler require the post to arrange airport assistance or transportation? Please describe: (Please do not exceed 2000 characters.)	
Will the traveler be traveling with an accompanying pouch? Please describe: (Please do not exceed 2000 characters.)	
Does the traveler require an appointment with someone? Please describe: (Please do not exceed 2000 characters.)	
Does the traveler require any other assistance? Please describe: (Please do not exceed 2000 characters.)	
Fiscal Data: Please describe: (Please do not exceed 2000 characters.)	

Traveler Name: _____

Any Other Comments/Remarks: Please describe: (Please do not exceed 4000 characters.)

49. Contacts				
Host Name	Host Phone	Affiliated Institution	Facility to be Visited	Date Visited
After Hours Name	After Hours Phone	After Hours Name	After Hours Phone	

Traveler Name: _____

5. Additional Visas	
Visa 2	
Country	Duration
Visa Number	Other Duration
Visa Pages Checked <input type="checkbox"/> Yes <input type="checkbox"/> No	Expected Return Date
Expiration Date	Issue Date
Comment (600 character max)	
Visa 3	
Country	Duration
Visa Number	Other Duration
Visa Pages Checked <input type="checkbox"/> Yes <input type="checkbox"/> No	Expected Return Date
Expiration Date	Issue Date
Comment (600 character max)	

24. Additional Types of Travel	
Type of Travel:	
<input type="checkbox"/> Airfare – Coach	<input type="checkbox"/> Vehicle – Rental
<input type="checkbox"/> Train – Coach	<input type="checkbox"/> Train – Premium
<input type="checkbox"/> Airfare – Premium	<input type="checkbox"/> Vehicle – Privately Owned
<input type="checkbox"/> None	
Carrier Name	Flight Number
Departure Point	Departure Date
Departure Time : <input type="checkbox"/> AM <input type="checkbox"/> PM	
Type of Travel	
<input type="checkbox"/> Airfare – Coach	<input type="checkbox"/> Vehicle – Rental
<input type="checkbox"/> Train – Coach	<input type="checkbox"/> Train – Premium
<input type="checkbox"/> Airfare – Premium	<input type="checkbox"/> Vehicle – Privately Owned
<input type="checkbox"/> None	
Carrier Name	Flight Number
Departure Point	Departure Date
Departure Time : <input type="checkbox"/> AM <input type="checkbox"/> PM	
Type of Travel	
<input type="checkbox"/> Airfare – Coach	<input type="checkbox"/> Vehicle – Rental
<input type="checkbox"/> Train – Coach	<input type="checkbox"/> Train – Premium
<input type="checkbox"/> Airfare – Premium	<input type="checkbox"/> Vehicle – Privately Owned
<input type="checkbox"/> None	
Carrier Name	Flight Number
Departure Point	Departure Date
Departure Time : <input type="checkbox"/> AM <input type="checkbox"/> PM	
Type of Travel	
<input type="checkbox"/> Airfare – Coach	<input type="checkbox"/> Vehicle – Rental
<input type="checkbox"/> Train – Coach	<input type="checkbox"/> Train – Premium
<input type="checkbox"/> Airfare – Premium	<input type="checkbox"/> Vehicle – Privately Owned
<input type="checkbox"/> None	
Carrier Name	Flight Number
Departure Point	Departure Date
Departure Time : <input type="checkbox"/> AM <input type="checkbox"/> PM	
Type of Travel	
<input type="checkbox"/> Airfare – Coach	<input type="checkbox"/> Vehicle – Rental
<input type="checkbox"/> Train – Coach	<input type="checkbox"/> Train – Premium
<input type="checkbox"/> Airfare – Premium	<input type="checkbox"/> Vehicle – Privately Owned
<input type="checkbox"/> None	
Carrier Name	Flight Number
Departure Point	Departure Date
Departure Time : <input type="checkbox"/> AM <input type="checkbox"/> PM	

Traveler Name: _____

Reviews and Approvals				
1. Local Approver				
Name	Approver Site	Result: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Pass	Signature	Date (mm/dd/yyyy)
Comments:				
2. Local Approver				
Name	Approver Site	Result: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Pass	Signature	Date (mm/dd/yyyy)
Comments:				
3. Local Approver				
Name	Approver Site	Result: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Pass	Signature	Date (mm/dd/yyyy)
Comments:				
4. Head of Organization				
Name	Approver Site	Result: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Pass	Signature	Date (mm/dd/yyyy)
Comments:				
5. Programmatic RPSO				
Name	Approver Site	Result: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Pass	Signature	Date (mm/dd/yyyy)
Comments:				
6. Funding RPSO				
Name	Approver Site	Result: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Pass	Signature	Date (mm/dd/yyyy)
Comments:				