

ODTA: _____ Phone: _____ Fax: _____ email: _____

Travel Request Form

Privacy Act Statement: The authority to request this information is contained in 5 USC 522 Department regulations. This information will be used to assist officials and employees of the Department of the Navy in arranging passenger transportation. Completion of the form is mandatory. Failure to provide required information may result in delay of a response or disapproval of the request.

NOTE: Full name on boarding pass MUST match full name on ID presented to TSA at airport.

Name _____

DOB: _____ Gender: ☐ Male ☐ Female

Phone: _____ Home Country: _____

Leaving From: _____

Returning To: _____

Rank: _____ Department _____

Curriculum/Routing List: _____

Visiting Command: _____

Traveler Type:

- ☐ Gov Employee
☐ International Student (E-Invitational)

Trip Type:

- ☐ Conference ☐ Info Meeting
☐ Site Visit ☐ Speech/Presentation
☐ Training ☐ Other

Specific Trip Description: _____

Justification for not using SVTC or web-based communication: _____

TDY Destination	Arrive date	Depart date

Fly ☐ Train ☐ Freq flyer # _____ Airline¹ _____

From airport ²	Date	To airport ²	Depart time	Arrive time

¹ Preference not guaranteed

² If possible, give 3-letter airport codes or specific airport names

Hotel/BOQ preference (not guaranteed)	Check in date/time	Check out date/time	City, location

☐ Booked By Traveler/Sponsor/Other ☐ Booked by NPS Travel Office ☐ Staying with friends/relatives

Describe Other: _____

Rental Car ☐ YES ☐ NO

Rental car pickup location	Size (Compact is standard)*	Pickup date/time	Return date/time

*Anything other than compact requires justification in Remarks/Additions/Justifications.

Estimated non-mileage expense	Amount	Date
Hotel tax (extra expense in U.S. only)		
Rental car gas		
Tolls		
Internet fee/official phone calls		
Shuttle/taxi		

POV to TDY Mileage (51¢ / mile)

Leaving From	Date	Arriving In	Date

I certify that the information given above is accurate. I agree to the terms and conditions set forth in this document as well as the policies governing official travel under the JTR and JFTR.

Traveler Signature _____ **Date** _____

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To be completed by Sponsoring Department

POC: Name: _____ Phone # _____ Email _____

LOA (Job order) 1: _____ **Job order 2:** _____

Allocate: By percent _____ By amount _____ By date _____ Allocation details: _____

Annual leave: _____ Start date: _____ End date: _____

Non-duty days: _____ Start date: _____ End date: _____

☐ Travel Advance (do not have GOVCC) ☐ Scheduled Partial Payments (TDY>45 days)

Remarks/Additions/Justifications:

ALL SIGNATURES ARE REQUIRED FOR STUDENT TRAVEL BEFORE DATA IS ENTERED INTO DTS

Signature

Printed Name

☐ **Actual Lodging Authorized (Dept. Head initials _____)**

_____ **Date:** _____ **Prof/PI³** _____

_____ **Date:** _____ **SPFA** _____

_____ **Date:** _____ **Program Off.** _____

_____ **Date:** _____ **Dept. Head** _____

_____ **Date:** _____ **International Office⁴** _____

³If research funded

⁴ For International Students Only