

POC: _____ 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.

Full Name _____ DOB: _____ Rank: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Phone: _____ Email: _____ Department _____ Curriculum/Routing List: _____	Traveler Type: <input type="checkbox"/> Gov. Employee <input type="checkbox"/> Invitational Traveler <input type="checkbox"/> Foreign Military Student <input type="checkbox"/> Gov. Contractor
<div style="border: 1px solid black; padding: 5px; text-align: center;"> <u>FOREIGN MILITARY STUDENTS ONLY</u> </div> Next of Kin Name: _____ TEL: _____ Home Country: _____ Passport #: _____ SSN: _____	Trip Type: <input type="checkbox"/> Conference <input type="checkbox"/> Info Meeting <input type="checkbox"/> Site Visit <input type="checkbox"/> Speech/Presentation <input type="checkbox"/> Training <input type="checkbox"/> Other

Explain what the traveler will be doing on TDY:

Statement of Mission Essentiality:

Justification for not using SVTC or web-based communication

TDY Destination	Arrive date	Depart date

From airport ¹	Date	To airport ¹	Depart time	Arrive time

¹ 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

***Lodging must be booked through DTS.**

ITA's Only: Personal Credit Card #: _____ Exp. Date: _____

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.

POV Mileage

Not Authorized Authorized Residence to Terminal Authorized Residence to TDY

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Dept. POC: Name: _____ Phone # _____ Email _____

LOA

Job order 1: _____ **Job order 2:** _____ Cross-Org/Fund Cite

Remarks/Additions/Justifications/Leave/Special Instructions:

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

Signature

Printed Name

Actual Lodging Authorized (Dept. Head initials _____)

_____ **Date:** _____ **Prof/PI** _____

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

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

_____ **Date:** _____ **Security Mgr*.** _____

*Security Manager only required for foreign nationals visiting NPS campus.

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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 covered under the federal travel regulations including the JTR.

Traveler Signature _____ **Date** _____