

Foreign Travel Request Form

*Complete this form in its entirety and submit as a Word file* ***45 days prior to your departure*** *to Stefanie Johnston at* [*Stefanie.Johnston@inl.gov*](mailto:Stefanie.Johnston@inl.gov)*. Contact NEUP at (208) 526-1197 with any questions.*

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| **Traveler Information** | | |
| **Responsible Program Office (at HQ), if overhead travel responsible program office is NE.** | | Nuclear Energy University Programs (NEUP)  Mike Worley |
| **Traveler Name (Last, First, Middle)** | | Last, First, Middle |
| **Social Security Number** | | XXX-XX- Last 4 Digits  I do not have a SSN |
| **Passport Number** | | Exp Date mm/dd/year |
| **Gender** | | Male  Female |
| **Citizenship** | | a) First Country  b) Second Country |
| **Permanent Resident Green Card Holder** | | Yes  No |
| **U.S. Visa** | | Visa Type       Expiration Date  Not Applicable |
| **Employment Information** | | Name  Position Title  Street Address  City       State  Zip       Country |
| **Contact Information** | | Home Telephone  Cell Phone  Email Address  Work Phone  Work Fax |
| **Section II. General Trip Information** | | |
| ***Use additional pages as necessary. Account for all funding types estimated for this trip request.*** | | |
| **Place of Departure** | City  State/Province  Country | |
| **Departure/Return Date** | Depart: mm/dd/year Return: mm/dd/year | |
| **Estimated Total Travel Costs** | $      Airfare $  Other $ | |
| **Project ID Number** |  | |
| **Charge Number/B&R Code** *(NEUP will enter.)* |  | |
| **Benefit to Government:** Describe how you will use the information, etc. that you gain from the trip to benefit your present position, division, INL, and DOE HQ programs. Avoid a description of the trip itinerary. | Describe Benefit Here | |

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| **Section III. Trip Itinerary** | |
| *Use additional pages as necessary. 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. (DOE allows only 2 personal days associated with foreign business travel.)* | |
| **Is this part of the trip associated with a conference?** | Yes  No  *(If yes, provide the information below.)*  Conference:  Sponsor:  Contact URL: |
| **Destination (Country, City)** | Country, City |
| **Start Date** | mm/dd/year |
| **End Date** | mm/dd/year |
| **Select One or More Primary Purposes** | Professional Conference or Workshop  Seminar/Symposium  Working Group or Colloquia (Scientific Meeting)  Site Visit  R&D activities under an informal, lab-to-lab, or government-to-government agreement  Meeting(s) on scientific, technical, project or programmatic matters  Procurement-Related Matters  Official Stop Over  Personal Leave  IAEA Travel  LDRD Project Work  Permanent Change of Station |
| **Technical Justification:** Describe what you will be doing while on travel; be specific and as detailed as possible. | Describe Justification Here |
| **Host/In-Country Contact Information** | Name  Affiliated Institution  Phone |
| **After Hours/Hotel Information** | Name  Phone |