

Travel Clerk: _____

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 except for SSN (SSN is mandatory for overseas travel). Failure to provide required information may result in delay of a response or disapproval of the request.

Name of Traveler(s): Last, First, MI	Rank/Rate	SSN	Office Phone	Office Fax	Home Phone <i>(Requested by Airline)</i>

Official Passport #: _____

Official Passport expiration date: _____

Activity Location Visiting: _____

Itinerary:

- Traveling alone Traveling With:

Departure Date	Departure Time	Departure City	Arrival Time	Arrival City	Special Meal Request

Preferences: Seat: Aisle Window Middle **Airline:** _____ Frequent Flyer #: _____

• **Note about Air Reservations:** Navy contract requires use of GSA Contract Carriers per the Federal Travel Directory. Under the Terms of the contract the government has guaranteed the airline name in the contract all Federal Travel between your origin and destination. You are advised that having the ticket redissued on another carrier for personal preferences or convenience is prohibited. If necessary to change airlines as a result of a flight cancellation or changes to travel requirements, a statement to the reason should be included on the travel voucher (claim).

Lodging Request

Check-in Date	Check-out Date	Name of Hotel or BOQ/BEQ	City/Location

- Smoking Non-Smoking Single Double Accessible to wheelchair and/or Physically Challenged

Credit Card #: _____ Expiration Date: _____

- Self-Arranged Lodging. Justification: _____
- Staying with family or friends Staying in lodging arranged by school or training facility
- Staying in facility where meeting/conference is being held, at rate within government per diem
- Staying aboard ship _____ days, dockside duty, _____ days, sea duty aboard the _____.

Rental Car

Pick up Date/Time	Return Date	City or Airport of Pick-Up	CAR SIZE AUTHORIZED
			<input type="checkbox"/> Compact <input type="checkbox"/> Midsize <input type="checkbox"/> Full <input type="checkbox"/> Mini-van
			<input type="checkbox"/> Compact <input type="checkbox"/> Midsize <input type="checkbox"/> Full <input type="checkbox"/> Mini-van
			<input type="checkbox"/> Compact <input type="checkbox"/> Midsize <input type="checkbox"/> Full <input type="checkbox"/> Mini-van

Note about Rental Car Reservation: Companies with which MTMC has negotiated special DoD/Govt car rental rates will be used to the exclusion of all others. Navy contract requires use of the lowest available rate.

Invitational Traveler Only

- Cost Reimbursable Contractor; (Note: Government contractors are not eligible to use GSA contract air passenger fares. The CTO will need orders within 24 hours to secure the excursion fare rate.)

Business Address	Business Phone	Home Address	Home Phone

Per Public Law 104-134 all federal government payments must be paid via Electronic Funds Transfer (EFT). Travelers must complete the PSDMTRY 7200/6 (Rev 11/98) in order to receive payment.

Travel Request Worksheet

Single Group
 Fund Cite ITO No Cost

Tango No _____
 Acct. ID _____

Name: _____ SSN: _____ Grade/rank: _____ Dept/Code: _____

Purpose: _____

Itinerary: Dates of travel _____ Destination(s) _____

Requirements: Rental Car _____ POV _____ Advance required Yes No
 Rental Van _____ Hotel _____ Annual leave Yes No Number of days/hrs _____
 Taxi/ground transportation _____ BOQ _____

If no cost to Government Funding

- (a) How is travel funded? Personal funds/Private company/University (*name*) _____
 (b) How is salary being paid while on NO COST orders?
 O&MN: AL LOWP OTHER (Explain) _____
 If O&MN, justification (value to U.S. Government) _____
 (c) Will an honorarium be received? Yes No
 (d) Number of days on NO COST TAD while in pay status _____

Conference Attendees:

Registration fee: Yes No
 If yes, required by (date) _____
 Registration Includes: Meals Lodging
 Meals: B-Breakfast L-Lunch D-Dinner
 Are you: Presenting a Paper Yes No A Panelist Yes No Other: _____

Registration/Lodging (if included in fees)

Meals (B, L, D)	Meal dates	Lodging fee per day

Visit Clearance required: Yes No Level of clearance Needed N/A
 Address where Clearance needs to go _____
 Fax _____ phone number _____ POC _____
 person to be visited _____ Period: from: _____ To: _____
 reason for visit _____
 Position/Title _____ Grade Equivalent _____ Date of Birth _____

SIGNATURES:

TRAVELER (Date) _____ *DEPT. HEAD/CURRIC. OFFICER* (Date) _____

LINE MANAGER (Date) _____ *P.I. (if Research Funds)* (Date) _____

ESTIMATED COSTS:

\$ _____ \$ _____ \$ _____ \$ _____
 TRANSPORTATION PER DIEM REGISTRATION/ TUITION FEES TOTAL
 Commercial air (GTR)

SUPERINTENDENT APPROVAL (required when (1) total estimated costs equal or exceed \$5,000; (2) total days of delay and leave equals or exceeds the total days of TAD; or (3) when civilian no cost orders exceed five (5) calendar days while in a pay status.)

 SUPERINTENDENT _____ Date _____