Travel Authorization Request

PLEASE provide accounting code for this travel. _____
Did you enter this trip/conference/meeting on the doodle poll? Yes _____   No _____

Name of Traveler:_____Submission Date: _____

Destination: _____

Dates of Travel: Departure:_____Return: _____

Dates of Annual Leave if any: From:_____Through _____

Purpose of Trip, Please describe

_____

Name of Meeting-Conference/Training:
Please spell out NO acronyms (Please paste Web Address**)**

_____

Who is Hosting? If USDA is hosting is it being held at a USDA Facility?

_____

Actual Conference Dates: Start:_____Last Day: _____

Do I need to register you for this meeting? Yes_____ No_____

Is there a Sponsor for this trip? Yes☐   No☐
(If yes provide company name, contact's name, address, email and phone number)

_____

Are meals included in the registration fee if so what meals and days are being provided?

Breakfast	Mon.	Tues. ____	Wed.	Thurs.	Fri. ____	Sat.	Sun. ____
Lunch	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun. ____
Dinner	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun. ____

Paper/Seminar Title:

_____

Transportation: Mode to site: Plane ☐ GOV ☐ POV ☐

Round trip mileage from home to airport: _____

Preferred Flight Times: Departure   Morning ☐ Afternoon ☐ Evening ☐

Return   Morning ☐ Afternoon ☐ Evening ☐

Seat Preference: Window ☐ Aisle ☐

Other possible expenses: Taxicab ☐   Rental car ☐   Parking fees ☐   Tolls ☐

Local bus/train Foreign exchange fees ☐ Phone ☐ Laundry (+4 nights) ☐

On ARMPS? Yes ☐ No ☐ *(If No, explain)* _____

Foreign Travel:

Date of Birth: _____ Place of Birth: _____

Local Contact Name and Phone Number: _____

Name, address and phone for contact person in EACH city within EACH country

visiting)

_____

Reminder: Please email me a copy of the confirmation of being added
to doodle poll.