

****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: _____

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.