

****Travel Authorization Request****

****PLEASE provide accounting code for this travel.** _____

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 dates 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)**
