

# SPECIAL NOTICE

## READ THIS BEFORE COMPLETING THE ATTACHED FORM

### 1. DESTINATION

List **all** locations (in-country travel sites, layovers).

### 2. PURPOSE

Attach relevant backup materials including letter of invitation if appropriate and provide in-country contact and telephone number.

### 3. BENEFITS

Provide details on how this travel will benefit the agency's domestic program.

### 4. FUNDING - PLEASE ANSWER ALL QUESTIONS

#### WHO WILL FUND THE TRIP

- NRCS funds--check appropriate box - if NHQ, indicate which Division;
- Government agency funding--state which, e.g. AID; and
- Non-government funding--state the source, e.g. a university.

#### COST ESTIMATE

For lodging and M&IE, contact Department of State web page at [www.state.gov](http://www.state.gov) under Services.

#### ACCOUNTING CODES

Originating Office Number (AG1616 plus 4 digits).

Accounting Code (0302T plus 2 digits). If you do not know, check with your administrative office.

### 5. PASSPORTS

Indicate whether or not you have official and personal passports. Complete date and place of birth.

### 6. APPROVALS

Obtain approvals of immediate **and** second-line supervisors.

PLEASE KEEP THE FORM, INCLUDING SIGNATURES, ON ONE PAGE. IF ADDITIONAL SPACE IS REQUIRED, FOR NRCS BENEFITS FOR EXAMPLE, ATTACH SEPARATE SHEET.

COMPLETE THE ENTIRE FORM. DO NOT GUESS OR LEAVE SECTIONS BLANK. THIS WILL CAUSE DELAYS IN TRAVEL APPROVALS.

QUESTIONS SHOULD BE DIRECTED TO: GAIL ROANE - PHONE 202-720-2218

FAX COMPLETED FORM TO IPD AT 202-720-0668

**International Travel Request Form**

(Canada and Mexico)

|                      |  |  |  |  |  |
|----------------------|--|--|--|--|--|
| <b>Name:</b>         |  | <b>Social Security Number:</b>         |  | <b>Grade:</b>  |  |
| <b>Title:</b>        |  | <b>Duty Station:</b>                   |  | <b>Fax:</b>  |  |
| <b>Work Phone:</b>   |  | <b>Voice Mail:</b>                     |  | <b>E-Mail:</b>   |  |
| <b>Work Address:</b> |  | <b>Emergency Contact/Phone Number:</b> |  | <b>Annual Leave Plans:</b> Yes___No___<br>(Attach approved leave slip) |  |
|                      |  |  |  | <b>Residence (City/State/Phone):</b>                                   |  |

|                     |  |                                |  |
|---------------------|--|--------------------------------|--|
| <b>Destination:</b> |  | <b>Estimated Travel Dates:</b> |  |
|---------------------|--|--------------------------------|--|

**Purpose (attach invitation if appropriate and in-country contact--name, title, and phone number):**

**NRCS Benefits:**

**Funding Source:** NRCS: Region\_\_\_Institute\_\_\_Center\_\_\_State\_\_\_NHQ(Specify Div.)\_\_\_\_\_  
Other: Government\_\_\_\_\_Non-Government\_\_\_\_\_

**Estimated Cost:** (include airfare, lodging, M&IE, registration fees, etc.): \_\_\_\_\_

**Originating Office Number:**\_\_\_\_\_ **Accounting Code:**\_\_\_\_\_

|  |  |
|--|--|
| <b>Official Passport Owner:</b> Yes___ No___ | <b>Personal Passport Owner:</b> Yes___ No___ |
| <b>Date of Birth:</b> _____                  | <b>Place of Birth:</b> _____                 |

| <b>APPROVALS:</b>   | <b>DATE:</b> |
|---|--------------|
| <input type="checkbox"/> IMMEDIATE SUPERVISOR_____        | _____        |
| <input type="checkbox"/> SECOND-LINE SUPERVISOR_____      | _____        |
| <input type="checkbox"/> IPD DIVISION DIRECTOR_____       | _____        |
| <input type="checkbox"/> ETHICS APPROVAL (if needed)_____ | _____        |