

# 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
- Non-government funding--state the source, e.g. a university

**COST ESTIMATE**

Per diem rates for lodging and M&IE can be found at the Department of State's Web page at (<http://www.state.gov>) under Travel and Business.

**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: PHONE 301-504-2271

FAX COMPLETED FORM TO IPD AT 301-504-0382

NATURAL RESOURCES CONSERVATION SERVICE  
INTERNATIONAL PROGRAMS DIVISION (IPD)  
**International Travel Request Form**

<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___ (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\_\_\_\_\_ Center\_\_\_\_\_ State\_\_\_\_\_ NHQ (Specify Div.)\_\_\_\_\_  
 Other: Government\_\_\_\_\_ Non-Government\_\_\_\_\_

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

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

**Official Passport Owner:** Yes\_\_\_ No\_\_\_ **Personal Passport Owner:** Yes\_\_\_ No\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

I certify that the above information is correct to the best of my knowledge and that I have read, understand, and will follow NRCS' policy on international travel (GM 280).

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**APPROVALS:**

**DATE:**

- IMMEDIATE SUPERVISOR\_\_\_\_\_
- SECOND-LINE SUPERVISOR\_\_\_\_\_
- DEPUTY CHIEF\_\_\_\_\_
- IPD DIVISION DIRECTOR\_\_\_\_\_
- ETHICS APPROVAL (if needed)\_\_\_\_\_

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