

# INSTRUCTIONS

READ THIS BEFORE COMPLETING THE ATTACHED FORM

## 1. **DESTINATION**

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

## 2. **PURPOSE**

Provide 2 – 3 sentences for the purpose, list name of in-country contact and their telephone number. Attach relevant backup materials including letter of invitation if appropriate. Also add 1 – 2 sentences for the expected outcome.

## 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

## 5. **PASSPORTS**

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

## 6. **APPROVALS**

Obtain approvals of your supervisors. Note that departmental procedures require signatures of your administrative supervisor (example: state conservationist for personnel located in states). Titles of supervisors are selected from drop-down menus.

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: MARITA MCCREE - PHONE 202-720-1830  
SCAN COMPLETED FORM TO MARITA – [marita.mccree@wdc.usda.gov](mailto:marita.mccree@wdc.usda.gov)

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), in-country contact (name, title, and phone number), and expected outcome(s):**

**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.): \_\_\_\_\_

**Official Passport Owner:** Yes \_\_\_ No \_\_\_      **Personal Passport Owner:** Yes \_\_\_ No \_\_\_

**Date of Birth:** \_\_\_\_\_      **Place of Birth:** \_\_\_\_\_

**Optional: Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_

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 Director \_\_\_\_\_

\_\_\_\_\_

Ethics Approval (if needed) \_\_\_\_\_

\_\_\_\_\_

Scan completed form to [marita.mccree@wdc.usda.gov](mailto:marita.mccree@wdc.usda.gov)