

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 (202) 720-1830.

Scan completed form to Marita McCree at marita.mccree@wdc.usda.gov

NATURAL RESOURCES CONSERVATION SERVICE
INTERNATIONAL PROGRAMS DIVISION (IPD)

International Travel Request Form

SES Travel

| | | | |
|----------------------|--|---|-------------------|
| Name: | | Social Security Number: | Grade: SES |
| Title: | | Duty Station: | Fax: |
| Work Phone: | Voice Mail: | | E-Mail: |
| Work Address: | Emergency Contact/Phone Number: | Annual Leave Plans: Yes ___ No ___ (Attach approved leave slip) | |
| | | Residence (City/State/Phone): | |
| Destination: | | Estimated Travel Dates: | |

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

NRCS Benefits:

Funding Source: NRCS: 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: _____

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:

- | | |
|---|-------|
| <input type="checkbox"/> IMMEDIATE SUPERVISOR _____ | _____ |
| <input type="checkbox"/> SECOND LINE SUPERVISOR _____ | _____ |
| <input type="checkbox"/> DEPUTY CHIEF _____ | _____ |
| <input type="checkbox"/> CHIEF _____ | _____ |
| <input type="checkbox"/> UNDER SECRETARY _____ | _____ |
| <input type="checkbox"/> IPD DIRECTOR _____ | _____ |
| <input type="checkbox"/> ETHICS OFFICAL (if needed) _____ | _____ |

Scan completed form to Marita McCree at
marita.mccree@wdc.usda.gov.

(Revised August 2015)

