## FOREIGN TRAVEL - REQUEST FOR APPROVAL WORKSHEET

#### Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection or information, including suggestions for reducing this burden, to U.S. Department of Energy, Office of Organization and Management Systems, Paperwork Reduction Project (1910-2100), 1000 Independence Ave., SW, Room 4D-024, Ma, 513.2, Washington, DC 20503.

PRIVACY ACT INFORMATION STATEMENT: Collection of the information is authorized by the Department of Energy Act of 1979, P.L., 96-91. Disclosure of the personal information requested is mandatory to support authorization for official travel to foreign countries, and to obtain a passport.

The information furnished will be used by DOE to authorize travel and payment of travel expenses, by the Department of State to issue a passport, and by the General Accounting Office to audit and verify the accuracy and legality of disbursement.

### Traveler/Trip Information

Traveler name	): :						
Z No.:					Clearance: 9		
Departure Date: Return Date:				SSN:			
Trip Type: O Foreign Sensitive Requiring Appr. Foreign Requiring				Appr.	Date of birth:		
				rence - Reimb.	Birthplace:	E P	
(	Reimbursable	Conference	- Non-DO		Home phone:	&	
Destination (C	City/State/Country):				Work phone:	· · ·	
Passport No.:		Exp	date:		Division:	Š	
Citizenship:			Additional Citizenship		Group:	<b>.</b>	
Dual Citizenship:			Additional Citize	лыпр	Mail stop:		
					E-mail:	<del></del>	
Field of work:					Position:	· ·	
Admin contac	t Z No. or Name:				Person type:		
Admin Contac	t Phone:				Gender:		
Г			General In				
	travelers (Include Z Nu	mber and Name)		Non-LANL travelers			
Z Number	Name	Name Organizati			Name	Organization	
DOE personn	el with whom trip was	coordinated					
Name DOE Org			Phone	Note: See Atta	chment 1 for a list of DOE	Organizations	
				Comments			
Benefit to Government							

Name: Social Security No.: LANL Trip Number: Date: 08/23/2004

# Itinerary Information

# Use the itinerary Continuation, as required.

personal of feare period.	Account for the entire time between departure and return. Complete a separate itinerary for each city/country to be visited and for each personal or leave period.							
Itinerary type:   En route/Arrival   Jetlag   Business   Personal   Non-business   En route/Return								
Primary Purpose: (See attachment 1 and Enter Code)								
Start Destination ( City/State/Co	Date:							
End Destination ( City/State/Co	Date:							
Details: If Business itinerary, provide technical justification concerning the subject matter to be discussed including papers, lectures, etc.								
Received Invitation  Lab-to-Lab agreement  University-to-Lab agreement  Interacting with anyone from a DOE-designated sensitive country  University-to-Lab agreement  Information subject to U.S. Export Control  Meetings with senior government official(s)? (for non-DOE employees)  Training involved  Embassy assistance required.  Embassy assistance description (up to 20 characters):  International Agreement  (See attachment 1 and Enter Code)  Sensitive Topic								
Other Meetings:								
Conference Name:  Type: Scientific Other Multi-Country conference: Yes No Speaking/poster/presenting at conference? Yes No Will anyone from a DOE-designated sensitive country be in attendance at this conference?  Contacts								
Host/Contact Name:	Phone:							
11080 Contact Ivame.	T HOHE.	Affiliated Institution		Facility to be Visited				
Itinerary type:								
Itinerary type: En route/A	Arrival O Jetlag	Business	O Personal	O Non-business	En route/Return			
Primary Purpose: (See attachme	ent 1 and Enter Code)	Business	O Personal	O Non-business	En route/Return			
	ent 1 and Enter Code)	Business	O Personal	Non-business	En route/Return  Date:			
Primary Purpose: (See attachme	ent 1 and Enter Code) ountry):	Business	O Personal	O Non-business				
Primary Purpose: (See attachme Start Destination ( City/State/Co End Destination ( City/State/Co	ent 1 and Enter Code) ountry): untry):			Non-business  e discussed including pape	Date:			
Primary Purpose: (See attachmed Start Destination ( City/State/Condition	ent 1 and Enter Code) country): untry):  /, provide technical justi /, provide technical justi / untry):  Lab-to-Lab agreeme University-to-Lab agreeme University-to-Lab agreeme Embassy assis	ent 1 greement 1 non-DOE employees) tance description (up to	e subject matter to be interacting with anyounformation subject to	- V	Date: Date: ers, lectures, etc.			
Primary Purpose: (See attachmed Start Destination ( City/State/Competation ( City/State/Competat	ent 1 and Enter Code) country): untry):  /, provide technical justi  Lab-to-Lab agreeme University-to-Lab agreeme ded. Embassy assis (See attachment 1 and	ent 1 greement 1 non-DOE employees) tance description (up to	e subject matter to be interacting with anyounformation subject to	e discussed including pape ne from a DOE-designated o U.S. Export Control	Date: Date: ers, lectures, etc.			
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Name: Social Security No.: LANL Trip Number: Date: 08/23/2004

# **Lodging Information**

				Use the lodg	ing conti	nuation, as re	equired.						
Start date/				Name/				Phone/			Personal	Offic	cial
End date	Location (City, State, Country)			) Address				Reservatio	n provided	by	Days	Day	ys
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Cost Code	Drog Codo			B & R Code	%	Cost Code	Prog Code		Work Pkg	De	D Codo		%
Cost Code	Flog Code	Cost Acci	WOIKTKS	B & R Code	70	Cost Code	riog Code	Cost Acct	WOIKTKS	ьα	K Code		70
										<u> </u>			
				Non-DOE funding	Organiza	tion (include o	nly Work fo	r Others (V	VFO)/Reim	bursil	ole Funding	<u>2)</u>	
			Source										
				Bource			Descrip	7011					
					Cost F	stimate							
Tiplestad by	O OFO	.1	Tistes	tad amazzeti	Cost E.	stimate		_					
Ticketed by	CFO	-1 ( ) Age		eted amount:		L		=					
Amount paid by host:  Amount paid by traveler: (out of pocket)													
Amount paid by traveler (out of pocket) -  Amount paid by reimbursable work for others:													
Amount paid by femioursable work for others:													
			Estin	nated airfare:		Sys	stem genera	ted					
Transportation to/from Albuq.: O Private Vehicle Rental Vehicle Private Air Commercial Air None													
	Trans. to/from Albuquerque amount:												
	Lodging allowance: + System generated												
		iowance:			+			System	m generated	d			
	Surface Transportation: +												
Foreign car rental: (70.00 x days) +													
Registration					+								
Miscellaneo	ous Allowan	ce:			+								

Amount paid by traveler (excluding airfare):

Estimated other allowable costs:

Amount paid by non-DOE funding source(s) (excluding airfare): -

Amount paid by reimbursable work for others (excluding airfare):

# U.S. Department of Energy

# REQUEST FOR APPROVAL OF FOREIGN TRAVEL

# **Primary Purposes**

# Code Description

- 1 Site visit
- 2 Information meeting
- 4 Professional conference, seminar or workshop
- 6 Procurement related matters
- 8 Personal/leave
- 9 Other
- 12 Professional working group or colloquia
- 14 Research and Development

## **International Agreement**

## **Code Description**

- 0 US-Russian MPC&A Agreement of 10/2/99
- 1 Cooperation on Fundamental Science Supporting Stockpile Stewardship
- 1000 US/UK Mutual Defense JOWOG
- 2000 US/FRANCE Mutual Defense

## **DOE Organizations**

Code	Description
EE	Energy Efficiency & Renewable Energy
EH	Environment, Safety & Health
EM	Environmental Management
ER	Office Of Science
FE	Fossil Energy
IN	Office Of Intelligency
ME	Management, Budget, & Evaluation
NE	Nuclear Energy, Science & Technology
NNSA/DP	Defense Program Office
NNSA/NN	Defense Nuclear Nonproliferation
RW	Radioactive Waste Management
SO	Office Of Security

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