

Your name must appear EXACTLY as it in on your driver's license.

TRAVEL REQUEST

Name: Required		Emplo	Employee #: Consultant		Work Phone #: Required		Data of I	Data of Domicati	
Work Location (Bldg. /Rm.			Home Phone: Required		E-Mail: Required		Date of Request: Required		
Contract Name: STARSS	Charge # (from your timesheet): 21606.CL2.WP1.C005.00								
Comprehensive Justifica	ation for Trip	attach addi	itional page, if ne	ecessary): Rec	quired				
Accompanying Personnel	and Organizat	on:							
			TRA	VEL ITINERAR	ľ				
Travel From (City & State)		avel To ing Airport)		Final Work Dea (City & Sta		Trav Da		of Nights at this Location	
Required	if ap	if applicable		Required	ł .	Requ	ired if	applicable	
if applicable	if ap	plicable)	if applicable			cable if	applicable	
Number of Vacation Days	while on Trave	ıl:	(Vacation day	s not to exceed	length of tr	ip or 5 days, whiche	ver is fewer)		
			TRIP I	REQUIREMENT	S				
Traveler should make air contact CI Azumano Tra provided this approved	vel (Nardy Tel	lo) (888) 46	61-0022, ext. 38	18 or ntello@ci	azumano.c	om . SSAI will purd	hase your airli	ne ticket, nade by NP	
Foreign Travel? Counter Intelligence (CI) Briefing required				Conference	Conference Registration Fee? Yes \(\text{No} \(\text{No} \) \(\text{\$Rec}				
Taking Laptop, (any IT equip.) on Foreign Trip? Yes No If yes, additional approvals are needed.				Estimated Cost: (air, hotel, per diem, conference fee, transportation, etc.) \$				_	
equired Field Work: Conference, Meeting, etc.:				Requesting C	Requesting Cash Travel Advance: Yes \(\text{No} \(\text{No} \) \(\text{\$}_{} \)				
Registering in NCTS? Yes No If yes, e-mail your NCTS Registration Confirmation to your Travel Coordinator. (NASA only)				Airline Reservation: Yes No Hotel Reservation: Yes No Required					
Emergency Contact Inf	Rental Vehicle Personal Vehicle Other None								
			TRII	P APPROVALS	Driving	own car	Pass	enger	
Required in pen Re		uired							
		Group Lead / Supe		ervisor	Date	Contract or Prog Concurrence	ram Manager	Date	
Customer Concurrence (i.e., ATR or TM) if applicable		_ <u>C</u> C	OR Concurrence	(if applicable)	Date	Travel Coordina	ravel Coordinator Receipt		
Est	imated Trave	Costs			FOR T	RAVEL COORDINA	TOR USE ONL	Y	
Туре	Amount	# of Days	Total	NCTS Reg	NCTS Registration Date:				
Airfare/Train					CTS Approval Date:				
Lodging					CO / R Approval Date Sent:				
M&IE					oroval Date				
Conference Fee					IT Equipment Approval for FN Travel: Counter-Intelligence (CI) Briefing:		In Process	Complete	
Automobile Rental				Counter-In			In Process	Complete	
		Total \$							
FOR ACCOUNTING USE ONL					Logged on Spreadshee		sheet		
Date Submitted to Acct.:						Date Airline Ticket Approved			
Cash Advance Amount:		\$					Advance to Acct.		
Date Cash Advance Furnished:						Post-Trip Report & Deltek TAB			