

FOREIGN TRAVEL REPORTING FORM

Notice: The information requested below is protected by the Privacy Act, 5 U.S.C. 552a. The authority for requesting this information is the National Security Act of 1947, as amended by the Intelligence Reform and Terrorism Protection Act of 2004, 50 U.S.C. 435(a) (3),(4). This information is necessary to evaluate your request for foreign travel and will not be used for any other purpose. Your Social Security Number will be used solely to record your foreign travel. Executive Order 9397 authorizes agencies to solicit SSNs for use as identifiers for administrative purposes. Providing the information requested, including the SSN, is voluntary; however, your failure to do so may result in denial of the foreign travel request.

This form does not supersede your customers requirements for reporting travel. Personnel with SCI access must report proposed foreign travel to their government sponsor.

PART I - PERSONAL INFORMATION

Last 4 digits of SSN:		E-mail Address:	
Last Name:		First Name:	MI: Suffix:
Passport No.:		Visa No. /Country:	
Office Phone No.- Non-Secure:			
Office Address:			
Street:		City:	State:
Security Officer Name (select from below list)			
Melissa Graham 719-355-2298, Kendall Miller 703-766-6776, Karen Jennings 571-482-5358 Steve Mumphrey 571-482-5326, Adam Santee 571-323-6169			

PART II - ITINERARY OVERVIEW

Countries to be Visited	Major Cities	Date From	Date To
1.			
2.			
3.			
4.			
5.			

PART III - TRAVEL INFORMATION

Please provide specific information for each destination of travel using additional paper if needed. A new Travel Information page must be completed for each destination to be visited.

Country Details:

Country: _____ City: _____

Date From: _____ Date To: _____

1. Mode of Transportation (check all that applies or attach itinerary):

Plane:
Carrier: _____ Flight No(s): _____

Cruise:
Cruise Line: _____ Cruise No.: _____ Ship Name: _____

Train:
Departure City: _____ Departure Date: _____
Arrival City: _____ Arrival _____

Rental Car:
 Agency: _____ Rental City: _____

GOV: _____

POV: _____

Other:
 Explanation: _____

2. Reason for Travel (check all that applies):

- Program Travel
 Company Travel
 Other Business
 Vacation
 Other: _____

3. Accommodations/Lodging:

Name/Place: _____ Room No. (If known): _____

Phone No.: _____

Address: _____

4. Are you traveling with a foreign national? Yes No If "Yes", list below:

Name of Foreign National	Nature of Association (Business, relative, friend, etc.)	Full Address	Citizenship

5. Are you planning to make contacts with foreign governments, companies, or citizens upon your arrival at this location? Yes No If "Yes", list below:

Foreign Government and/or Name of Company or Individual	Reason for Contact (Business, relative, friend, etc.)	Full Address	Citizenship

6. Are you traveling with other family members?* Yes No

If "Yes", how many? _____

*This information is requested to account for you and your dependents in the event of an emergency and is optional.

PART IV - EMERGENCY POINT OF CONTACT

Please provide the requested information for a domestic point of contact **NOT** traveling with you.

Last Name: _____ First Name: _____ MI: _____ Suffix: _____

Relationship: _____

Phone No.: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Is the emergency POC aware of your employment? Yes: No:

Employee supervisor aware of intended travel? Yes: No:

PART V – ADDITIONAL COMMENTS

Requester Signature

Date

PART VI – SECURITY REVIEW (To be completed by designated FSO)

Security Remarks:
Printed Name of Reviewer:
Signature: Date: