

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

TRAVEL AUTHORIZATION FORM

Associate Full Name as it Appears on Drivers License or Passport		Agency	
Date of Birth (MM/DD/YYYY) Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Address	Lab/Center	
		Phone	
		E-Mail	
		DOD Funded: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<p>Please read the Travel Authorization Instructions before completing this form. The Fellowships Office requires that you use Vai Travel to ensure compliance with Federal Travel Regulations. See Travel Guide for more information.</p>			
<input type="checkbox"/> Professional Travel Travel to scientific meetings or conferences <input type="checkbox"/> Programmatic Travel Travel required for research or training <input type="checkbox"/> Relocation Travel associated with moving to or from the laboratory		<input type="checkbox"/> Includes Personal Travel (Dates)	
Purpose of travel or name of meeting			
Travel Dates		Meeting Dates	
Itinerary: From, To, Return (City, State)			
COST ESTIMATES			
Airfare (or train fare)	\$	A constructive cost <u>must</u> be obtained from Vai when personal travel is used in combination with professional or programmatic travel.	
Baggage/service fees	\$	One bag each way; does not include excess baggage fees	
Lodging per diem	\$	<input type="checkbox"/> Hotel exceeds per diem. Hotel daily rate: \$_____ Justification:	
Meals per diem	\$	Use the per diem allowance per days of travel from the GSA (domestic) or Department of State (international) websites.	
Rental car	\$	Justification:	
Parking	\$		
Personal vehicle mileage	\$	When traveling by personal car in lieu of common carrier (air, train) a constructive cost must be obtained. Refer to GSA website for current POV rate.	
Taxi/shuttle	\$		
Conference registration	\$	CONFERENCE REGISTRATION REQUEST <input type="checkbox"/> YES Registration fees of \$250 or more can be paid directly by the Fellowships Office (FO). You must submit a Conference Registration form <u>after</u> this TA is approved.	
Other	\$	Note:	
Total	\$		
Comments			
Fellow Signature		Date	
LABORATORY ENDORSEMENT (not required for initial relocation) ARL Mentor Signature/Date LPR Signature/Date			
FO ENDORSEMENT You are authorized to travel and incur necessary expenses in accordance with Federal Travel Regulations. Visa Officer Signature/Date Fiscal Officer Signature/Date			
Fellow ID No.	Sent to Vai	Proj. Act. No.	Acct. #