

LLE INSTRUCTION 5500D**SUBJECT: POLICY ON OFFICIAL FOREIGN TRAVEL****REFERENCE:** a. DOE Order 551.1A**ATTACHMENTS:** (1) U.S. DOE Request for Approval of Foreign Travel
(2) Trip Report Format

1. **Purpose:** To comply with DOE requirements for administering foreign travel.
2. **Discussion:** The UR/DOE Cooperative Agreement requires LLE comply to the requirements of Reference (a). This requires that all official foreign travel funded by the Cooperative Agreement be approved in advance and that trip reports be submitted after the travel is completed.
3. **Definition:** Official foreign travel is defined as: attendance at a professional conference, seminar, workshop, working group, or colloquia; research and development activities under an informal, lab-to-lab, or government-to-government agreement; meeting(s) on scientific, technical, project, or programmatic matters; procurement-related matters; etc. This guidance applies to all UR/LLE faculty, staff, and students.
4. **Procedures:**
 - a. Approval of official foreign travel must be requested through the Director's Office by completing Sections I, II, and III of Attachment (1) at least 45 days prior to the proposed departure date. Since this information must be input into the DOE Travel Management System (FTMS), it is mandatory that all required information be provided and that it be accurate. Additionally, since the travel must be approved by DOE Headquarters funding authority, timely submission of the request is mandatory.
 - b. Trip reports for all official foreign travel are required and must be submitted within 30 days after the traveler's return. Please use Attachment (2) as a guideline for the information required. This report must be submitted to the Director's Office for input into the DOE FTMS.
 - c. A copy of submitted expense forms (only the first two pages) must be turned in to the Director's Administrator. Expenses will be input into DOE FTMS.
5. **Approval:**



John M. Schoen
Administrative Director

**U.S. DEPARTMENT OF ENERGY
 REQUEST FOR APPROVAL OF FOREIGN TRAVEL**

This form is provided as a convenience for the collection of Foreign Travel Request data. The form is intended for use as an offline resource to collect data necessary to support the Foreign Travel Management System (FTMS). Completion of the form is not considered sufficient in itself for satisfying DOE Order 551.1A, the data must still be entered into the FTMS for Department of Energy (DOE) tracking and monitoring. Specific question on Foreign Travel or the completion of this form should be directed to your sites Senior FTMS Organizational Point of Contact (Sr. OPOC).

Section I – Traveler Information

Section I. – Traveler Information. (To Be Completed by Traveler.)		
1. Last Name	First Name	Middle Name or NMN
2. SSN ex. 123-45-6789 Do you have a SSN? () No () Yes		
3. Passport Number		Expiration Date (mon/dd/yyyy)
4. Birth Date (mon/dd/yyyy)	5. Birth Place (City, State/Province, Country)	6. Citizenship 1) 2)
7. DOE Facility/Organization University of Rochester Laboratory for Laser Energetics		8. Employee Type () DOE Federal Employee () Other Federal Employee () Contractor () Foreign National () University () Invitational Traveler If Non-DOE specify the name of employer:
9. Employment Address Street Addr. 250 East River Road City Rochester State NY Zip 14623 Country USA		
10. Contact Information Work Telephone: Work Fax: Home Telephone: eMail Address:		
11. Position/Title		
12a. Indicate whether you have held a DOE security clearance within the last 5 years. If yes, indicate the highest level received. () Top Secret () Secret () Q () L () Other		
12b. Indicate whether you have held any other government agency clearances within the last 5 years. () Yes () No If yes, enter agency and clearance level Agency Clearance Level		
13. Notes to other OPOCs.		

Traveler Name: _____

Section II – General Trip Information

Section II. General Trip Information. (To Be Completed By Traveler)						
Use additional general trip information pages as required. Account for all funding types estimated for this trip request.						
14. Place of Departure (City, State/Province, Country)					15. Departure Date (mon/dd/yyyy)	
					16. Return Date (mon/dd/yyyy)	
17. Estimated travel costs by funding type.						
Primary Sponsor	Funding Type	Program Office	Funding Codes	Title	Estimated Airfare	Estimated Other
() Yes	() DOE () Non - DOE () Foreign () DOE Overhead () Salary					
() Yes	() DOE () Non - DOE () Foreign () DOE Overhead () Salary					
() Yes	() DOE () Non - DOE () Foreign () DOE Overhead () Salary					
() Yes	() DOE () Non - DOE () Foreign () DOE Overhead () Salary					
() Yes	() DOE () Non - DOE () Foreign () DOE Overhead () Salary					
18. Flight Information () Coach () Premium If not coach, give justification of premium travel						
19. Names and Organizations of Headquarters personnel with whom trip has been coordinated.						
20. Names and Organizations of other personnel with whom you are traveling as a team.						
21. Benefit to Government (include benefit to present position and the Department)						
22. Comments. Justification statement for trips that are exceptions						

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Traveler Name: _____

22. Comments, cont.

Specify any paper attachments to this form

General comments regarding trip request

Place of return if not same as departure city and reason

Traveler Name: _____

Section III – Trip Itinerary

Section III. Trip Itinerary. (To Be Completed By Traveler.)

Use additional itinerary pages as required. 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.

23. () Yes () No, Is this part of the trip associated with a conference? If yes, specify conference name, sponsor, and contact information (i.e., URL or email address).

Conference Name:

Sponsor Name:

Start Date:

End Date:

Country – City:

URL:

24. Destination Country-City

25. Start Date (mon/dd/yyyy)

26. End Date (mon/dd/yyyy)

27a. Select One or More Primary Purpose(s)

- () Professional conference, seminar, workshop, working group, or colloquia
- () Research and Development activities under an informal, lab-to-lab, or government-to-government agreement
- () Meeting(s) on scientific, technical, project or programmatic matters
- () Procurement-related matters
- () Other(s)

27b. List other primary purpose

28. Technical Justification

This part of the trip involves:

- 29. () Yes () No Lab-to-Lab agreement?
- 30. () Yes () No International agreement? If yes, enter agreement: _____
- 31. () Yes () No Will classified information be discussed? Y/N
- 32. () Yes () No Will classified information be hand carried? Y/N
- 33. () Yes () No Will foreign intelligence information be hand carried? Y/N
- 34. () Yes () No Will any part of the trip discuss sensitive subjects as defined by DOE's Sensitive Subject List? Y/N
- 35. () Yes () No Will any part of the trip involve information that is subject to U.S. Export Control restrictions? Y/N
- 36. () Yes () No Meetings with senior government official(s)? (for non-DOE employees)
Please provide official's name, position, and contact information. Describe meeting goals.
- 37. () Yes () No Embassy assistance will be required? If yes, describe.

38. Contacts

Host:	Name	Phone:
	Affiliated Institution	Facility to be Visited
	After Hours Name	After Hours Phone

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Traveler Name: _____

Reviews and Approvals

1. Local Approver				
_____	_____	_____	_____	_____
Name (Type or Printed)	Title	Organization	Signature	Date (mon/dd/yyyy)
Comments:				
2. Local Approver				
_____	_____	_____	_____	_____
Name (Type or Printed)	Title	Organization	Signature	Date (mon/dd/yyyy)
Comments:				
3. Local Approver				
_____	_____	_____	_____	_____
Name (Type or Printed)	Title	Organization	Signature	Date (mon/dd/yyyy)
Comments:				
4. Head of Organization				
_____	_____	_____	_____	_____
Name (Type or Printed)	Title	Organization	Signature	Date (mon/dd/yyyy)
Comments:				
5. Programmatic RPSO				
_____	_____	_____	_____	_____
Name (Type or Printed)	Title	Organization	Signature	Date (mon/dd/yyyy)
Comments:				
6. Funding RPSO				
_____	_____	_____	_____	_____
Name (Type or Printed)	Title	Organization	Signature	Date (mon/dd/yyyy)
Comments:				

TRIP REPORT

Part I

Travel To:
Report Date:
Dates of Travel:
**Names of all travelers on
this trip:**
Traveler's position/title:
Employing organization:
Business address:
FTMS trip number: *Jean will fill this in*
Travel destinations:
 organization
 facility
 city, state, zip
Brief purpose of trip:
People contacted:
Facilities visited:
**Abstract (major highlights,
benefits of the travel, results
of meetings, including their
locations)**

Part II

**Results of any meetings or discussions with representatives of foreign government(s)
and/or company(ies):**

**Observations, conclusions, speculations, and information relating to the safety,
health, and security of future travelers:**

Actual trip costs: