

ODTA: _____ Phone: _____ Fax: _____ email: _____

Invitational Travel Authorization Request Form

Privacy Act Statement: The authority to request this information is contained in 5 USC 522 Department regulations. This information will be used to assist officials and employees of the Department of the Navy in arranging passenger transportation. Completion of the form is mandatory. Failure to provide required information may result in delay of a response or disapproval of the request.

NOTE: Full name on boarding pass MUST match full name on ID presented to TSA at airport.

Name _____ DOB: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Phone: _____ Home Country: _____ Leaving From: _____ Returning To: _____ Sponsoring Department: _____ Curriculum/Routing List: _____	Gov. Employee? <input type="checkbox"/> YES <input type="checkbox"/> NO Gov. Contractor? <input type="checkbox"/> YES <input type="checkbox"/> NO US SSN? <input type="checkbox"/> YES <input type="checkbox"/> NO Trip Type: <input type="checkbox"/> Site Visit <input type="checkbox"/> Speech/Presentation <input type="checkbox"/> Training <input type="checkbox"/> Other
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Specific Trip Description: _____

Justification for not using SVTC or web-based communication: _____

TDY Destination	Arrive date	Depart date

Fly Train Freq flyer # _____ Airline¹ _____

From airport ²	Date	To airport ²	Depart time	Arrive time

¹ Preference not guaranteed

² If possible, give 3-letter airport codes or specific airport names

NOTE to ITA Travelers: You should arrange your transportation with a (Contracted) Commercial Travel Office (CTO) through the Defense Travel System. **If you arrange your own air transportation, you will be reimbursed for the government rate for official transportation, or the amount you pay for the ticket, whichever is less. If you purchase a non-refundable ticket and the trip is cancelled, you will not be reimbursed for this ticket.**

Hotel/BOQ preference (not guaranteed)	Check in date/time	Check out date/time	City, location

Booked By Traveler/Other Booked by NPS Travel Office Staying with friends/relatives

Describe Other: _____

Personal credit card # (to book hotel and rental car) _____ Exp. Date _____

Rental Car Authorized YES NO

Rental car pickup location	Size (Compact is standard)*	Pickup date/time	Return date/time

*Anything other than compact requires justification in Remarks/Additions/Justifications.

Estimated non-mileage expense	Amount	Date
Hotel tax (extra expense in U.S. only)		
Rental car gas		
Tolls		
Internet fee/official phone calls		
Shuttle/taxi		

POV to TDY Mileage (51¢ / mile)

Leaving From	Date	Arriving In	Date

I certify that the information given above is accurate. I agree to the terms and conditions set forth in this document as well as the policies governing official travel under the JTR and JFTR.

Traveler Signature _____ **Date** _____

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To be completed by Sponsoring Department

POC: Name: _____ Phone # _____ Email _____

Sponsoring Department Mailing Address (If no US EFT): _____

LOA (Job order) 1: _____ **Job order 2:** _____

Allocate: By percent By amount By date Allocation details: _____

Annual leave: Start date: _____ End date: _____

Non-duty days: Start date: _____ End date: _____

Travel Advance (do not have GOVCC) Scheduled Partial Payments (TDY>45 days)

Remarks/Additions/Justifications:

ALL SIGNATURES ARE REQUIRED FOR STUDENT TRAVEL BEFORE DATA IS ENTERED INTO DTS

Signature

Printed Name

Actual Lodging Authorized (Dept. Head initials _____)

_____ **Date:** _____ **Prof/PI³** _____

_____ **Date:** _____ **SPFA** _____

_____ **Date:** _____ **Program Off.** _____

_____ **Date:** _____ **Dept. Head** _____

_____ **Date:** _____ **Security Manager⁴** _____

³If research funded

⁴For Foreign National travel to NPS