

Amendment?

U.S. DEPARTMENT OF THE INTERIOR
Foreign Travel Certification Form

BUREAU _____

Date Initiated ___/___/___

Traveler's Name, Phone & Fax Number: _____

Position Title, Grade, Duty Station: _____

| COUNTRY (use + sheets for more than 3) | Major Cities to be visited | Dates of Travel |
|--|----------------------------|-----------------|
| | | |
| | | |
| | | |

Purpose of Travel: Reimbursable Agreement (PASA, etc) Official USG Delegate Employee Training/Development
 Professional/Scientific Meetings Field Work Other _____

Justification for Travel: Explain objective of trip, role of traveler, importance of trip to Bureau Mission, consequence if travel does not occur, etc.

Bureau Clearance and Control Numbers For Bureau Use Only:

| Costs During Travel Period | Will other donor or employee reimburse cost? ____ Yes* ____ No (If "yes," complete following) | | |
|-----------------------------|---|----|----|
| | Name of Donor: | 1. | 2. |
| Salary \$ | Salary | \$ | \$ |
| Per Diem \$ | Per Diem | \$ | \$ |
| Transportation \$ | Transportation | \$ | \$ |
| Other (Conf. Fees, etc.) \$ | Other (Conf. Fees, etc.) | \$ | \$ |
| TOTAL \$ | TOTAL | \$ | \$ |

* Use of non-Federal funds requires additional clearances under 31 USC Section 1353.

I HEREBY APPROVE THE TRAVEL AND CERTIFY that the travel proposed is essential and supported by the following considerations. Explain on reverse items not checked below:

- ___ Travel is limited to the *minimum necessary to accomplish the agency's program* (41 CFR 301);
- ___ Clearance by the US Mission/Embassy has been requested and travel will not occur if US Mission/Embassy objects;
- ___ Traveler will issue a report within ten (10) days of return to be distributed to interested officials to share in the benefits;
- ___ Annual leave of more than one workday is described here or is attached: _____
- ___ No other Bureau employees are known to be traveling to this destination at this time. If not checked, give names of other bureau officials to attend:

(Signature of head of Bureau) Date

Approved:

Concur:

(Assistant Secretary)

(Date)

(Assistant Secretary TIA)

(Date)