

# CSD Travel Authorization Request & Approval Form

A travel authorization (TA) and approval is required for all travel that will be reimbursed by LBNL. This form should be sent to [csdtravel@lbl.gov](mailto:csdtravel@lbl.gov) with your supervisor cc'd. The information will then be submitted for the required applicable DOE approval(s). Travel arrangements can be made after you are notified that the applicable approvals have been received.

Have you previously traveled on LBNL business? If not, please [Request a Travel Agency Profile](#)

## TRAVELER INFORMATION

Name \_\_\_\_\_ Employee ID \_\_\_\_\_ Project ID & Activity Code \_\_\_\_\_  
Email \_\_\_\_\_ Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Will any personal days be taken? \_\_\_\_\_ If so, how many days? \_\_\_\_\_ Assistance needed with arranging \_\_\_\_\_

## TRIP DETAILS

Event Location \_\_\_\_\_ Event Start Date \_\_\_\_\_ Event End Date \_\_\_\_\_  
Event Venue Address \_\_\_\_\_  
Is this a DOE Hosted Event? \_\_\_\_\_ Sponsor \_\_\_\_\_  
Preferred Flights (Dates & Times) \_\_\_\_\_ Airport Departure \_\_\_\_\_ Airport Arrival \_\_\_\_\_  
Conference Title \_\_\_\_\_ Conference URL \_\_\_\_\_  
Estimated Cost of Travel *include lodging, airfare, meals & ground transportation* \_\_\_\_\_ Registration Amount \_\_\_\_\_ Total Cost \_\_\_\_\_

Will you have multiple sources of funding for this event?

*If yes, please provide project ID and percentage or explanation if funding will be paid directly to you*

Business Purpose \_\_\_\_\_ Business Start & End Date \_\_\_\_\_ Reason for Attending \_\_\_\_\_

Benefit Statement *Explain how this trip will benefit your project, division, LBNL/DOE and what impact would there be should travel not occur. There should be only ONE benefit statement covering the entire trip, not a benefit statement for each business point )*

Title of poster and/or abstract \_\_\_\_\_

## FOREIGN TRIP DETAILS

Citizenship \_\_\_\_\_ Internationally enabled cell phone# \_\_\_\_\_

Planned Itinerary (each day of foreign travel must be accounted for, including personal days)

Departure Date	Departure City/State/Country	Arrival Date	Arrival City/State/Country	Total # Night	# Personal Days
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Day Trips (complete itinerary w/address of excursions from main business locations)

**Trip Purpose** *(Explain to DOE what you will be doing at each business point while on travel; provide from and to dates. Provide clear details as to subject matter you plan to discuss with collaborators, provide titles of any talks or presentations, papers, posters, etc. for conferences and invited lectures. This statement should be between 230 and 1500 characters.)*

**Host Information** *(Dates, Name, affiliation, & day phone(s), including country & city codes, and name of facility(ies) to be visited for each business location.)*

**After Hours Point of Contact** *(Dates, hotel name, full address, and phone # for each location)*

**Additional Information**-list any information not listed tht is relevant to this travel

**Team Members** *(Names, organizations and contact information of other personnel with whom traveler is traveling as a team member.)*

**Supervisors Information** *(Name, Office & Cell #, and email address of your supervisor.)*

**Salary** *(If not charged to the same project ID as trip expenses, identify the project ID that will be charged. For non-DOE-funded travel, or travel expenses paid by the host, enter the project ID that will be used for salary.)*

**Paid by Others** *(If another institution is paying for some/all of costs, enter the name of the institution, the amount, and detail how it will be applied. Examples: Host to cover airfare and lodging. Host waiving registration fee & paying lodging. Host will cover ALL travel related expenses. etc...)*

LBNL Equipment Traveling with you? Laptop, cell phone etc. provide DOE# # \_\_\_\_\_

DOE Headquarter Mgr. *(Full contact information)* \_\_\_\_\_

**Please review the list of countries on the High Threat Security Overseas Seminar (HTSOS) list, visit:**

[https://www.fic.nih.gov/About/International/Pages/security\\_training\\_foreign\\_travel.aspx](https://www.fic.nih.gov/About/International/Pages/security_training_foreign_travel.aspx).

**HTSOS Training required?** If yes, begin process with information below or indicate if training is completed. **HTSOS Training Completed**

Send an email to Debbie Warner [DLWarner@lbl.gov](mailto:DLWarner@lbl.gov) with the following information-

Subject Line: HTSOS Training Required/Traveler Name; Email Body:Travelers Name, Employee ID, country to be visited, departure date, project ID/activity, LBNL trip number, and Division Directors name

Division Use Only  
Division Director Approval \_\_\_\_\_ Date \_\_\_\_\_