

# REQUEST AND AUTHORIZATION FOR OVERSEAS TRAVEL - CONTRACTOR PERSONNEL

## PART I - REQUEST (To Be Completed By Contractor)

1 - TO: (Administering Contract Officer)	2. FROM: (Name & Address of Contractor, include Telephone and ZIP Code No.)	3. DATE PREPARED	
		4. CONTRACT NUMBER	
5. NAME AND POSITION OF TRAVELER(S) <i>(If additional space is required, use reverse side)</i>	6. BIRTHPLACE <i>(City and State)</i>	7. BIRTHDAY <i>(Day, Mo., &amp; Yr.)</i>	8. PASSPORT NUMBER
			9 NO. OF POUNDS EXCESS BAGGAGE REQUIRED
10. BEGINNING ON OR ABOUT		11. APPROXIMATE NUMBER OF DAYS	
12. ITINERARY (From, To, and Return To)			
13. PURPOSE OF TRAVEL			
14. REMARKS (Attach copy of pertinent data such as: Letters, Messages, Requests from PCO and/or Overseas Requesting Authority)			
15. TYPED NAME AND TITLE OF REQUESTING OFFICIAL		15A. SIGNATURE	15B. DATE

## PART II - APPROVAL (To Be Completed By Administrative Contract Officer)

16. 'X' APPLICABLE BOX <input type="checkbox"/> TRAVEL AUTHORIZED AS SHOWN IN PART 1, ABOVE <input type="checkbox"/> TRAVEL AUTHORIZED WITH FOLLOWING MODIFICATION(S)		
17. TRAVEL ORDER NUMBER ASSIGNED	18. APPROPRIATION CHARGEABLE	
19. NO. POUNDS BAGGAGE AUTHORIZED EACH INDIVIDUAL <i>(Including Excess)</i>	20. THEATER CLEARANCE GRANTED (Cite Authority)	
21. TYPED NAME OF ACO	21A. SIGNATURE	21B. DATE

## PART III - AUTHORIZATION (To Be Completed By DCASR Transportation Officer)

22. METHODS OF TRANSPORTATION ('X' applicable block(s)): <input type="checkbox"/> COMMON CARRIER <input type="checkbox"/> RAIL <input type="checkbox"/> BUS <input type="checkbox"/> COMMERCIAL AIRCRAFT (Category Z to and from overseas destination) <input type="checkbox"/> COMMERCIAL AIRCRAFT OR VESSEL IN OVERSEAS AREA IF SCHEDULED MILITARY AIRCRAFT IS NOT AVAILABLE TO EFFICIENTLY ACCOMPLISH THE MISSION (Foreign Registry Authorized ONLY if U.S. Registry is not available.) <input type="checkbox"/> MAC <input type="checkbox"/> OTHER MILITARY AIRCRAFT OR VESSEL <input type="checkbox"/> OTHER GOVT CONVEYANCE (Specify)-				23. CUSTOMER IDENTIFICATION CODE & AMD NUMBER (Only if travel is via MAC or CATEGORY A)	
24. DISTRIBUTION: 20 CYS - EACH TRAVELER 2 CYS - CONTRACTOR 1 COPY EACH TO: ACO, TRANSPORTATION OFFICER, FISCAL/ACCTG OFFICE, BUYER	25. TYPED NAME OF TRANSPORTATION OFFICER	25A. SIGNATURE	25B. DATE		