

**Go to the Following Link to download the
(FTA) Foreign Travel Authorization Request
Fill this form out and print**

<http://www-group.slac.stanford.edu/ocfo/travel/foreignTravel.html>

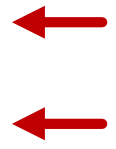


FOREIGN TRAVEL AUTHORIZATION (FTA) FORM

This form is used to collect data necessary to support the DOE Foreign Travel Management System (FTMS). Items marked with * must be completed.

1. Travel Office Use Only			
FTMS#	ECC#	SAFE required? Y/N	Travel Dates:

Section I - Traveler Information (To Be Completed by Traveler)			
2. Last Name* Doe		First Name* John	Middle Name or NMN*
DOE FTMS System ID (if known)			
ONLY fill in items 3 to 18 if this is your first SLAC foreign travel or if any data needs to be updated in the FTMS.			
3. Last 4 Digits of SSN (if available) 1263		4. Passport Number* 12A34567890	Expiration Date* 6/4/2015
5. Gender* (X) Male () Female			
6. Citizenship* 1) Russia 2)		7. Birth Place Country* Russia	
8. Employee Type Contractor (SLAC Employee) If Non-DOE specify the name of employer: SLAC/SIMES		9. Permanent Resident Green Card Holder (X) Yes () No	
10. Employment Address (X) SLAC or Street Address* City* State* Zip* Country			
11. Contact Information Work Telephone* 650-122-9999 Work Fax*: 650-222-9999 Domestic Cell Phone: 533-122-9999 International Cell Phone: 533-122-9999 Home Telephone: Email Address*: jdoe@slac.stanford.edu Travel Administrator's email address: mdownwey@slac.stanford.edu			
12. Position/Title* Experimental Research Associate			
13. Indicate whether you have held a DOE security clearance within the last 5 years. () Yes (X) No If yes, indicate the highest level received. () Top Secret () Secret () Q () L () Other			
14. Notes to other Official Point of Contact (optional information traveler would like to share with travel processors):			



STEP 1: Fill in Section I and only fill in (fields 3-18) if this is your first SLAC foreign travel of if any data needs updating in the Foreign Travel Management System



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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.

15. Place of Departure (City, State/Province, Country)*
San Francisco, CA, USA

16. Departure Date: 5/8/2012*

17. Return Date: 5/11/2012*

18. Estimated travel costs by funding type*

Primary Sponsor	Funding Type	Program Office	Charge Number	Title	Estimated Airfare	Estimated Other
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> DOE <input type="checkbox"/> Non - DOE <input type="checkbox"/> Foreign <input type="checkbox"/> DOE Overhead <input type="checkbox"/> Salary	BES (SIMES)	197453	Spin Charge Fluctuations- Durr	\$367.00	\$600.00 (lodging) \$400.00 (meals/ incident.)
<input type="checkbox"/> Yes	<input type="checkbox"/> DOE <input type="checkbox"/> Non - DOE <input type="checkbox"/> Foreign <input type="checkbox"/> DOE Overhead <input type="checkbox"/> Salary		DOE requires a Charge Account Number			
<input type="checkbox"/> Yes	<input type="checkbox"/> DOE <input type="checkbox"/> Non - DOE <input type="checkbox"/> Foreign <input type="checkbox"/> DOE Overhead <input type="checkbox"/> Salary					

19. Type of Travel
Airfare - Coach
Carrier Name(if available):
Air Canada

20. If not coach, give justification of premium travel:

21. Names and Organizations of other personnel with whom you are traveling as a team:
Traveling alone

22. Benefit to Government (how will attending this trip benefit the government)*:
The primary purpose for this travel is to present my research by giving two presentations on:
1. "Bulk electronic structure changes across the metamagnetic transition in FeRh via hard x-ray photoemission" and 2. "Mott Behavior of Ultrathin Epitaxial LaNiO3 Films and Interfaces via Hard X-ray and Standing-Wave Excited Photoemission". As an experimental research associate in SIMES Research presenting my research in the field of applied magnetism and collaborating with members of the international scientific communities at the INTERMAG 2012 Conference with help with SLAC's exposure to new developments in magnetism and associated technologies that will allow me to develop new ideas to strengthen the promotion of basic science research advocated by DOE Office of Science and SLAC.

23. Comments (optional general comments regarding trip):

24. Has the traveler contacted his/her Medical Support Staff to ensure awareness of safety and health issues of the country(ies) to be visited?
 Yes No

25. Will the traveler be taking DOE or Laboratory owned equipment on this travel?
 Yes No

STEP 2: Fill in Section II (fields 15-25)



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Section III: Trip Itinerary (To Be Completed By Traveler)
Account for the entire time between departure and return. Complete a separate itinerary for each city/country to be visited (except for Personal Leave).

26a. Is this part of the trip associated with a conference? If yes, submit conference approval form 45 days before start day and fill out items 33b. and 33c.* Yes No

26b. Will anyone from a DOE-designated sensitive country be in attendance at this conference? Yes No Unknown

26c. Complete this section if attending a conference
 *Conference Name: Intermag 2012
 *Start Date: 5/7/2012
 *End Date: 5/11/2012
 *Country - City: Canada - Vancouver
 *URL: http://intermagconference.com/2012/

27. Destination Country-City* Canada - Vancouver 28. Start Date: 5/8/2012*
 29. End Date: 5/11/2012*

30a. Select One or More Primary Purpose(s)*
 Professional conference or workshop **Conference Business Days – do not include Travel Dates**
 Seminar/Symposium
 Working group or colloquia (scientific meeting)
 Site Visit
 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
 Official Stop Over
 Personal Leave **Personal Time**
 Start Date: Click Here End Date: Click Here Location(if different from business):
 Permanent change of station
 Other(s) **If any personal time – add it here – with dates**

30b. List Other primary purpose:

31. Justify Trip Purpose (i.e. Topics to be discussed, formal presentation or paper) (do not exceed 1500 characters)*:
John Doe is an experimental research associate in SIMES Research in the Photon Science Directorate at SLAC and works with Don Smith. He is attending the conference to present the following research: 1. "Bulk electronic structure changes across the metamagnetic transition in FeRh via hard x-ray photoemission" (Oral Presentation); 2. "Mott Behavior of Ultrathin Epitaxial LaNiO3 Films and Interfaces via Hard X-ray and Standing-Wave Excited Photoemission" (Oral Presentation)

This part of the trip involves:
 32. Yes No Lab-to-Lab agreement? *
 33. Yes No University-to-Lab agreement? *
 34. Yes No International agreement? * If yes, enter agreement:
 35. Yes No Will classified information be discussed? *
 36. Yes No Will you be interacting with anyone from a DOE-designated sensitive country? *
 37. Yes No Does this Itinerary involve Training? *
 38. Yes No Will any part of the trip discuss sensitive subjects as defined by DOE's Sensitive Subject List? *
 39. Yes No Will any part of the trip involve information that is subject to U.S. Export Control restrictions? *
 40. Yes No Meetings with senior government official(s)? * (for non-DOE employees)
 i. Please provide official's name, position, and contact information. Describe meeting goals:
 41. Yes No Embassy assistance will be required? If yes, describe.

42. Contacts

Host Name*	Host Phone*	Affiliated Institution*	Facility to be Visited*	Date Visited*
George Sawatzky	604-822-3253	UBC	UBC	May 7-11, '12

Justify Trip Purpose

Host Info

STEP 3: Fill in Section III (fields 26a - 42)

NOTE: For multiple conferences – copy this section – for each conference



FOREIGN TRAVEL AUTHORIZATION (FTA) FORM

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After Hour
Contact

After Hours Name*	After Hours International Phone (traveler's, another traveler's or hotel)*
Mariott Hotel Downtown	604-684-1128, 510-512-6776
Request for Rental Car (To be Completed By Traveler)	
Is there a need to rent a car () Yes (X) No	
If Yes, please provide reason (Note: Traveler should purchase insurance for rental car and include cost of rental to Estimated Other - Section 23):	

→

Late Foreign Travel Approval Exception Waiver (To be Completed By Traveler)	
Is this trip being submitted after the 45-day deadline (55 days for sensitive countries)* () Yes (X) No	
If Yes, please provide explanation why being submitted after the deadline*:	
If Yes, please provide impact to the program if travel does not occur*:	

→
The Traveler's
Signature

Reviews and Approvals				
I. Traveler				
John Doe	Experim. Research Assoc.	SIMES	<i>John Doe</i>	3/22/2012
Name (Type or Printed)	Title	Organization	Signature	Date
Comments:				

→
The Traveler's
Supervisor's
Signature

II. Supervisor Approval				
Don Smith	Senior Staff Scientist	SIMES	<i>Don Smith</i>	3/22/2012
Name (Type or Printed)	Title	Organization	Signature	Date
Comments:				

→
SIMES BUSINESS
MANAGER/ASSOC
DIRECTOR'S
Signature

III. Business Manager/Planner(per AID Matrix) Approval				
Nancy Matlin	Assoc Director	SIMES	<i>Nancy Matlin</i>	
Name (Type or Printed)	Title	Organization	Signature	Date
Comments:				

IV. Optional Approval for Directorate Use Only				
Name (Type or Printed)	Title	Organization	Signature	Date
Comments:				

STEP 4: Fill in After Hour Info, Late Foreign Travel Approval Exception Waiver and get Signatures (I,II) - Turn in the completed packet in to the SIMES Travel Specialist for the SIMES Business Manager/Associate Director's signature. The SIMES Travel Specialist will review the Foreign Travel Authorization and send it to the Travel Office. Wait for an email approval from the Travel office.