OVERSEAS TRAVEL CLEARANCE REQUEST

(OPNAVINST 4650.11E applies)
SUBMIT TO TRAVEL DESK 35 DAYS PRIOR TO TRAVEL

SUBMIT HARD COPY - DO NOT EMAIL

DATE: _____

EMPLOYEE'S NAME: _____ Last 4 digits of SSN: _____

EMPLOYEE'S COMMERCIAL PHONE #: _____ EMPLOYEE'S DSN #: _____

EMPLOYEE'S FAX #: _____ EMPLOYEE'S EMAIL ADDRESS: _____

POSITION/TITLE: _____ GRADE: _____

CONTRACTOR INFO: _____ GS EQUIV: _____

(For Contractor: furnish name of company, phone number and employee's GS equivalency)

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

LEVEL OF SECURITY CLEARANCE HELD: _____ CITIZENSHIP: _____

PASSPORT #: _____ DATE OF ISSUE: _____ PLACE OF ISSUE: _____

ITINERARY: (Indicate dates and times employee must be at each site. List short Title name and location of each activity to be visited, including Senior point of contact's name, grade and position title at each activity.)

ACTIVITY AND LOCATION MUST HAVE CORRECT PLAD (MSG ADDRESS)	ETA DATE	ETD DATE	SENIOR POINT OF CONTACT NAME, GRADE, POSITION/TITLE AND COMMERCIAL PHONE NUMBER

LIST SHORT TITLE OF OTHER ACTIVITIES WHO MUST RECEIVE COPY OF TRAVEL CLEARANCE REQUEST:
(This is in addition to activities shown in above itinerary)

_____ _____

_____ _____

PURPOSE OF VISIT: (Do not reference previous correspondence. Clearance must be self-contained.)

PRIVACY ACT STATEMENT - Authority: 5 U.S.C. §§ 5701-5757, Travel, Transportation, and Subsistence; 10 U.S.C. § 135, Under Secretary of Defense (Comptroller); 10 U.S.C. § 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. § 3013, Secretary of the Army; 10 U.S.C. § 5013, Secretary of the Navy; 10 U.S.C. § 8013, Secretary of the Air Force; DoD Financial Management Regulation 7000.14-R, Vol. 9, Travel Policies and Procedures; and E.O. 9397 (SSN).**Purpose:** To provide a DoD-wide travel management process which will cover all official travel, from pre-travel arrangements to post-travel payments, to include the processing of official travel requests for DoD personnel, and other individuals who travel pursuant to DoD travel orders; to provide for the reimbursement of travel expenses incurred by individuals while traveling on official business; and to create a tracking system whereby DoD can monitor the authorization, obligation, and payment for such travel. **Routine Uses:** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: To Federal and private entities providing travel services for purposes of arranging transportation and lodging for those individuals authorized to travel at government expense on official business. To the Internal Revenue Service to provide information concerning the pay of travel allowances which are subject to federal income tax. The DoD 'Blanket Routine Uses' set forth at the beginning of the DoD compilation of systems of records notices apply to this system.
Disclosure: Disclosure of requested information is voluntary, however, failure to provide such information may result in a delay of your processing and travel documentation.

FUNDING SOURCE: _____

FUNDING AMOUNT: _____

	YES	NO
IS TRAVELER CARRYING GOVERNMENT EQUIPMENT / MATERIAL: (If yes, attach list with complete description and cost)	☐	☐
WILL THIS TRIP INVOLVE:		
a. Meetings with foreign government officials	☐	☐
b. Meetings with foreign industry representatives	☐	☐
c. Meeting with information media personnel	☐	☐
d. Meeting with U.S. Embassy of Consular personnel	☐	☐
e. Discussion of classified material	☐	☐

Note: If "yes" block is checked on any of the above, contact the Security Manager immediately.

LOCAL SUPPORT REQUIRED: (If being handled by separate correspondence check this block. ☐

	YES	NO
a. Berthing Accommodations	☐	☐
b LocalTransportation: Rental Car Reservations	☐	☐
c. Government Transportation: (If yes, complete next line	☐	☐

From: _____ To: _____

IF UNABLE TO PROVIDE 30 DAYS NOTICE, STATE REASONS AND REPERCUSSIONS IF TRIP IS DELAYED TO PROVIDE ADVANCE NOTICE:

POC AT SPAWAR SYSTEMS CENTER ATLANTIC TO BE CONTACTED IN CASE OF EMERGENCY:

NAME: _____ RANK: _____

TITLE: _____ COMM PHONE#: _____

COMM FAX NUMBER: _____ DSN: _____

EMAIL ADDRESS: _____ CODE: _____

NAME & EMAIL ADDRESS OF PERSONNEL TO GET BACK-ROUTE COPY OF MESSAGE:

NAME	EMAIL	NAME	EMAIL