



TRAVEL REQUEST/AUTHORIZATION

Cost Center: - . -
project task award

****IMPORTANT****
Traveler must check one box

Traveler's Name: _____
Print Name
(as it appears on your government-issued ID)

- HJF Employee
- US Government/Military*
- USUHS Government/Military*
- Other: _____

Home Address: _____
Departure Location _____ Date _____

Daytime Phone: _____
Business Destination _____

Email Address: _____
Return Location _____ Date _____

Purpose of Travel: For documentation purposes, an agenda or detailed meeting summary is **REQUIRED** to accompany this form. You must account for each business day.

All expenditure items must be filled in. If the program is not paying for an expense category, please fill in \$0.00.
For per diem rates for your business location, please see gsa.gov/perdiem.

<u>Expenses</u>	<u>Estimate of Expense</u>	<u>Special Notes:</u>
Lodging	\$ _____ per day for _____ days	_____
Meals*	\$ _____ per day for _____ days	_____
Airfare	_____	_____
Transportation	_____	_____
Rental Car	_____	_____
Registration	_____	_____
TOTAL	\$ _____	

Travelers must complete and submit a Travel Expense Report Form 322 or Oracle IExpense (HJF employees only) within 10 days of return regardless of monies due or owed. Please see Travel Policy for reimbursement requirements.

Traveler: _____
Signature Print Name Date

Authorized Approver***: _____
Signature Print Name Date

**A second signature is required, even if the traveler is an authorized signer on the account.

***NOTE FOR FEDERAL TRAVELERS: The traveler's organization must approve their acceptance of funds from a non-federal source prior to HJF paying any expense related to this travel. Travelers must be on official orders. Federal employees may not be directly reimbursed for any travel-related expenses.**

Would you like an advance? (HJF employees only)
(75% of your estimated out-of-pocket expenses)

Yes No

Do you wish to have your registration pre-paid by HJF? (If yes, please attach a completed registration form or screenshots with required registration information)

Yes No

Detailed Travel Information

Please indicate below how you wish for each item to be booked, if applicable:

I will book via HJF's Online booking tool

I would like the Travel Office to book

Air

Air Airport preference:

Departure time:

Return time:

Hotel

Hotel - Preferred:

Rental Car

Rental car - Pickup location & time:

Rail

Rail - Station preference:

Departure time:

Return time:

POV Consult Travel Policy for reimbursement requirements. For current rate, see gsa.gov/mileage.

Personal Travel

Are you including personal travel on this trip? Yes No Dates of personal travel: _____

* Contact the Travel Office prior to your trip to obtain an air quote for business days.

International Travel

1. Have you completed the medical requirements for the destination country? Yes No

If no, please contact HJF's Occupational Safety and Security Manager at (240) 694-2039.

2. Will you be traveling with any HJF-owned equipment (laptop, tablet, phone, etc)? Yes No

*If yes, describe (a) the type of device, model, operating system, etc.

_____ and (b) the data elements you usually handle or will be handling during your travel (private health information, personal identifiable information, SSNs, etc.).

3. Will you be traveling with a personal device with access to the HJF network or HJF email? Yes No

*If yes, describe (a) the type of device, model, operating system, etc.

_____ and (b) the data elements you usually handle or will be handling during your travel (private health information, personal identifiable information, SSNs, etc.).

If you have answered Yes questions 2 or 3 above, you must coordinate your travel with IT in advance. Please submit a ticket to the HJF IT Help Desk at help.hjf.org or call 240-694-4010.

Please email or fax both sheets of this form to the Travel Office: travel-docs@hjf.org, 240-694-3134.