**TRAVELLER’S FORM**

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|  | **Traveller’s Full Name:** |  | |
| **Traveller’s Company Name:** |  | |
| **Contract and Purchase Order (PO) #:** | IFIB/RB-ACT-SACT-      / PO: | |
| **COTR / Sponsor Name & Extension:** |  |  |

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| 1. | **Destination(s) (City, Country):** |  | | | |
| 2. | **Travel Dates:** | Click to choose date. | to | Click to choose date. | |
| 3. | **NATO Official Duty Dates:** | Click to choose date. | to | Click to choose date. | |
| 4. | **# of Days of NATO Travel:** |  | | | |
| 5. | **# of Days of Total Travel:** |  | | | |
| 6. | **If line 5 is greater than line 4, please explain deviation:** |  | | | |
| 7. | **Purpose of Travel**  **(i.e., Conference, Exercise, and / or Workshop Participation):** |  | | | |
| 8. | **Other ACT Attendees**  **(Rank, Name, Branch, Extension):** |  | | | |
| 9. | **Means of Travel:**  **Note: Per NATO travel regulations, rental cars are not authorized for contractors except under special circumstances with Branch Head supporting justification. The Rental Car Addendum will need to be submitted, approved by Contracting Officer prior to booking.** | Air  Train  Other (if other, please explain below.) | | | |
|  | | | |
| 10. | **Airline Cost:**  **(select one of the boxes to the right and indicate the cost & attach written statement indicating ceiling or reservation from CI Travel):** | Ceiling *(for self-arrangement)*  CI Travel reservation *(for official)* | | | **(Amount is USD)** |
| 11. | **Daily NATO Per Diem Rate &**  **Total Estimate:**  **(based on destination’s currency):**  **Note: Provide supplementary information if excess lodging is required to include justification and get CO approval signature.** | **Per diem (Daily):**  **Total estimated Per Diem:**  **Nightly Lodging Rate:**       **Breakfast**   No  Yes  **Excess Per Diem:**  No  Yes (     , list amount)  If yes, indicate justification:  **Approved /**  **NOT Approved**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Contracting Officer Signature Required for excess Per Diem.** | | | |
| 12. | **Estimation of Indirect Travel Costs:** | **(Amount is USD)** | | | |

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| **Traveller Disclaimer: I certify that:**   * **All the information contained above is accurate.** * **I have read and understand all the national pandemic related procedures and restrictions for each country of travel including return to the USA and will do a final verification on the day prior to my departure to confirm that the procedures and restrictions at the destinations have not changed.** * **I will follow HQ SACT guidance for official travel IAW US-CDC guidelines.** * **I understand that all costs and all risks associated with / or resulting from any aspect of the self- arrangement are the responsibility of myself and / or my company (as applicable).** * **I understand that hotels rooms should be booked with the flexibility for cancellation. Hotel rooms booked as non-refundable will not be reimbursed should the travel schedule be disrupted for any reason including COVID-19.** | | | |
| 13. | **Traveller’s Signature:** |  |
| **Date:** | Click to choose date. |

**AUTHORIZER’S FORM**

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| **COTR or Branch Head Approval: I confirm that:**   * **This travel is authorized and supported by the branch.** * **All hybrid options including using virtual means and / or representation by those in JJJs, SEE and STRE have been used to their full extent.** * **Achieving the task through travel is necessary to delivering the Branch’s Line of Effort (LOE).** * **This travel cannot be performed by a member of the PE.** | | | | |
| 14. | **Justification for Travel:** | |  | |
| **Rank, Name and Extension:** | |  |  |
| **COTR or Branch Head Signature:** | |  | |
| **Travel Request Approved**  **Travel Request Rejected** | **Date:** | Click to choose date. | |

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| **Fund Manager (FM) Confirmation: I confirm that funding is available and will be held in reserve to cover any additional travel costs for official NATO travel associated with COVID-19 / pandemic related delays using the funding line indicated.** | | | |
| 15. | **Funding Line:** |  | |
| **Fund Manager Name and Extension:** |  |  |
| **Fund Manager Signature:** |  | |
| **Date:** | Click to choose date. | |

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| **Corporate Representative Confirmation (Contractor Company section): I confirm that:**   * **If travel includes deviations for contractor business travel, it is MANDATORY that the company accept the transport ceiling cost and assumes all responsibility for making all travel reservations / changes. *(CI travel can still be used)*** * **The Company/Traveller assumes full financial responsibility for any additional cost associated with any additional lodging, per diem and medical expenses incurred in the event they are unable to return as scheduled if they have added contractor business/personal travel in addition to the official travel days.** * **Quarantine Period for COVID-19: If an individual tests positive for COVID-19, National Authorities may quarantine the individual for a number of days or until they can provide a negative test, whichever is longer. Travellers are advised to plan for unplanned costs (accommodation, tests, etc).** * ***We acknowledge that all costs and all risks associated with / or resulting from any aspect of the self- arrangement are the responsibility of the traveller or company (as applicable).*** | | | |
| 14. | **Comments (if applicable):** | |  |
| **Company Representative Name, Title, and Phone Number:** | |  |
| **Company Representative Signature:** | |  |
| **Travel Request Approved**  **Travel Request Rejected** | **Date:** | Click to choose date. |

**RENTAL CAR ADDENDUM**

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| **Contracting Officer Rental Car Exception (Only to be filled out if a rental car is deemed necessary. Per the NATO travel regulations, rental cars are not authorized for contractors. Rental cars will only be authorized under special circumstances with Branch Head supporting justification. Upon review of the Justification, a Contracting Officer will provide final approval for the rental car. Line 15 will need to be filled out by the Contracting Officer only if applicable.)): I confirm that:**   * **The below justification is warranted and in keeping with NATO exception regulations.** * **The Traveller has been briefed on the NATO requirements for rental car usage.**   + **Traveller is aware that they must select the fully covered insurance when booking.**   + **Traveller is aware that the vehicle may NOT be used for any personal use.**   + **Traveller is aware that the vehicle may NOT be used for any other business than official NATO assigned business.** | | | | |
| 15. | **Rental Car Requested:** | | **Yes**  **No** | |
| **Any Self-Arrangement?** | | **Yes**  **No** | |
| **Justification for Rental Car:** | |  | |
| **Contracting Officer Name and Extension:** | |  |  |
| **Contracting Officer Signature:** | |  | |
| **Rental Car Request Approved**  **Rental Car Request Rejected** | **Date:** | Click to choose date. | |