



EXECUTIVE OFFICE FOR UNITED STATES ATTORNEYS, OFFICE OF LEGAL EDUCATION (OLE)
INVITATIONAL TRAVEL AUTHORIZATION FORM



PLEASE COMPLETE THIS FORM AND EMAIL TO USANAC.authorizations-vouchers@usdoj.gov OR FAX TO (803) 705-5660

This form is intended for components and organizations not using E2 Travel System for Travel Authorizations and Vouchers and non-OBDO organizations. This form must be submitted in accordance with the deadline referenced in the Course Acceptance E-mail/Memorandum or Faculty Letter.

Please review the "E2 Users and Special Instructions" document at the following link for a list of organizations using the E2 Travel System:
<http://www.justice.gov/usao/training/instructions-travel-courses-nac>

Failure to complete this form prior to travel will cause a processing delay and/or reimbursement denial.

Course Name:	Course Dates:	Course Location:
Traveler Name:	E-mail Address:	
Organization:	Office City/State:	Office Phone:

Please fill out Traveler Form (page 2) – Direct Deposit*: It is now required for all reimbursements to be via direct deposit to the traveler's personal checking or savings account. We are no longer able to make exceptions for this federal regulation.

Requisition #: _____ Fund: _____ Course/Conference Code: _____

The above accounting information can be found in the Course Acceptance E-mail/Memorandum or Faculty Letter

If the traveler plans on combining official and personal travel, please read the DOJ Policy Statement and complete the "Combining Official and Personal Travel Worksheet" prior to travel. The Policy Statement and worksheet can be found at <http://www.justice.gov/usao/training/attendee-information/nac>. The worksheet should be completed and submitted with this authorization form no later than 3 weeks prior to the course. Approvals will be faxed or e-mailed back to the traveler.

Please select one: Common Carrier (e.g., Plane) Privately-Owned Vehicle (POV)
 Government/State/Office Vehicle Other: Train Rental Car (compact/economy only) \$ _____

Travel Notes: En route lodging will not be reimbursed (e.g., hotel stay the night before travel) unless approved in advance. Baggage fees: Unless attending a two-week course, travelers are only authorized reimbursement for one checked bag each way. OLE does not reimburse oversized/overweight baggage fees. Receipts are required for all expenses \$75 and above. For travel to the National Advocacy Center (NAC), breakfast and lunch are provided; therefore, Meals and Incidental Expenses (M&IE) are broken down as follows: first day \$45.75, full day \$31.00, last day \$15.75. Two-week courses, Saturday M&IE is \$31.00, Sunday M&IE is \$61.00.

Flying

Flying to Course Site: Flights **MUST** be booked via the CWTSato travel agency (877-905-9644). Columbia, SC, (CAE) airport is the only authorized airport for travelers to the NAC. Please provide the travel code listed in the Acceptance E-mail/Memo or Faculty Letter to the travel agent to charge the ticket to our account. Please **DO NOT** use your government or personal credit card to book your flight. Any available airline credit must be used and non-contract/non-refundable airfares are required when there is a significant savings. If you use a transit subsidy, metro charges will not be reimbursed.

FLYING From:	Arrival Date	Departure Date	If driving to home airport: <ul style="list-style-type: none"> • Approximate round-trip miles from your home to the airport: _____ • Total parking charge estimate: _____ • Total taxi charge estimate: _____
CITY: _____ STATE: _____	(MM/DD/YY)	(MM/DD/YY)	

*If parking at your home airport, please choose the least expensive option (long-term/economy/surface).
 When the NAC airport shuttle is operating, taxis to/from the NAC will not be reimbursed.*

Driving

Driving to Course Site: Use of POV or rental car must be advantageous to the government. Please provide the lowest cost round-trip (include non-contract) airfare to course site per CWTSato travel agency (877-905-9644) \$ _____ and the estimated cost of a compact/economy rental car \$ _____.

Driving From	Arrival Date	Departure Date	If POV, round-trip mileage from home to course site: _____ miles
CITY: _____ STATE: _____	(MM/DD/YY)	(MM/DD/YY)	

Traveler's Signature: _____ Date: _____
 Supervisor's Signature: _____ Date: _____

*31 CFR § 208.3 Payment by electronic funds transfer. Subject to § 208.4, and notwithstanding any other provision of law, effective January 2, 1999, all Federal payments made by an agency shall be made by electronic funds transfer.

U.S. Department of Justice

Office of Legal Education Traveler Information Form

Please check one:

None- If you traveled after October 1, 2017 and do not wish to update your information. **Do not fill out form.**

Update- you traveled after October 1, 2017 and wish to update your information. **Fill out Parts A, B, and C completely.**

New- You have not traveled since October 1, 2017. **Fill out form completely.**

A. Traveler/Payee Basic Information

Traveler Name:			
SSN*:			
Street Address:			
City, State, Zip:			
Country:		E-Mail Address:	
Traveler Phone:		Fax Number:	
Payment Type:	Direct Deposit		

* Your Social Security Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and Executive Order 9397, November 22, 1943, for use as a taxpayer and/or employee identification number. Disclosure is MANDATORY on documents claiming travel payment or reimbursement which is, or may be, taxable income. Failure to furnish the information requested may result in total or partial denial of the amount claimed.

B. Traveler's Financial Institution Information

Bank Name:			
Bank Street Address:			
Bank City, State, Zip:			
Country:		Bank Phone No.:	
ABA/Bank Routing Number:		Account Number:	
Account Type:			

Required fields in Section A: Traveler Name; SSN (with dashes); Street Address; City, State, Zip; Country; E-Mail Address and Traveler Phone.

Required fields in Section B: All fields are required.

Part C (Update)- Please indicate below what field(s) you are updating.