



Travel Authorization Form

Travel #	
CLIN #	

1. Traveler will complete all fields in Section 1: Travel Information. If any special provisions (i.e. Training, Workshop, Conference, or personal time) occur during trip specify in Notes.
2. Traveler will complete Section 2: Classified Visit Request Information, if a classified visit request is required prior to your departure. Email form to Qualis FSO, Pam Cooper at pcooper@qualis-corp.com or fax a copy to (256) 971-1708.
3. Traveler will e-mail this Travel Authorization Form (TAF) along with all travel arrangements to the following people: Qualis Travel at travel@qualis-corp.com, and Bill Barber, Christopherson Travel at bill.barber@cbtravel.com.

Section 1: Travel Information (To be completed by Traveler)					
Traveler Name:		Employee #:		Phone #:	
Traveler's E-mail Address:				Charge #:	
Section 1A: Trip Details					
Departure Date:		Departing From:			
Return Date:		Destination (City/State):			
POC at Destination:					
Purpose of Trip:					
Does this trip require airfare?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this travel associated with a Training, Conference or Workshop?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does this trip require a hotel?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Does this trip require a rental car?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Notes:					
Section 1B: TMAS Contract ONLY					
CLIN #:		JON # (CLIN 12):			
Is travel to/from Alaska, Hawaii, or OCONUS? (If Yes LOI required)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Section 1C: Signature					
Traveler's Signature:				Date:	
Section 2: Classified Visit Request Information (To be completed by Traveler)					
<input type="checkbox"/> Not required for this trip		<input type="checkbox"/> Required for this trip; MUST <u>completely</u> fill out information below and			
To:		Request Date:		Visit Dates:	
Security POC:		PHONE:		FAX:	
Contract #:		SMO Code:			
Purpose of Visit:		Personnel to be Visited:			
Section 3: Government Concurrence					
Name	Title	Phone	E-mail		
Signature:			Date:		
Hotel Overages Approval (if applicable):			Date:		
Section 4: Approval Signature					
Supervisor/Program Manager:			Date:		