



# 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](mailto: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: Qualis Travel at [travel@qualis-corp.com](mailto:travel@qualis-corp.com), and [travel arrangements](mailto:travel arrangements) to Linda Pearson, Christopherson Travel at [linda.pearson@cbtravel.com](mailto:linda.pearson@cbtravel.com).

<b>Section 1: Travel Information (To be completed by Traveler)</b>			
Traveler Name:		Employee #:	Phone #:
Traveler's E-mail Address:		Charge #:	
<b>Section 1A: Trip Details</b>			
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:			
<b>Section 1B: TMAS Contract ONLY</b>			
CLIN #:		JON # (CLIN 12):	
Is travel to/from Alaska, Hawaii, or OCONUS? (If Yes LOI required)			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Section 1C: Signature</b>			
Traveler's Signature:		Date:	
<b>Section 2: Classified Visit Request Information (To be completed by Traveler)</b>			
<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:		
<b>Section 3: Government Concurrence</b>			
Name	Title	Phone	E-mail
Signature:		Date:	
Hotel Overages Approval (if applicable):		Date:	
<b>Section 4: Approval Signature</b>			
Supervisor/Program Manager:		Date:	