

TRAVEL INFORMATION GIFT FORM

POINT OF CONTACT INFORMATION			
POC Legal Name:		POC Rank or GS Level:	<input type="checkbox"/> NA
POC Phone:		POC Email:	
Location or Military Facility:		Department/Service :	
Purpose of Travel:		Are POC and Traveler the same person?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please complete this Traveler Information)
TRAVELER INFORMATION			
Traveler Legal Name:		Traveler Rank or GS Level:	<input type="checkbox"/> NA
Traveler Phone:		Traveler Email:	

TRAVEL INFORMATION	
Conference Registration: <input type="checkbox"/> NA	
<input type="checkbox"/> In Kind <input type="checkbox"/> Reimbursed	Conference Title:
Conference Dates:	Registration Fee:
Registration Deadline:	<input type="checkbox"/> Attached is registration information
Hotel Information: <input type="checkbox"/> NA	
<input type="checkbox"/> In Kind <input type="checkbox"/> Reimbursed	Hotel Name:
Arrival Date:	Departure Date:
Confirmation Number: <input type="checkbox"/> NA	<input type="checkbox"/> Attached is hotel information
Flight Information: <input type="checkbox"/> NA	
<input type="checkbox"/> In Kind <input type="checkbox"/> Reimbursed	Date of Birth (MM/DD/YYYY):
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Departure Date: Departure Airport:	Return Date: Arrival Airport:
Preferred Departure Time: <input type="checkbox"/> Morning (6a-Noon)	Preferred Return Time: <input type="checkbox"/> Morning (6a-Noon)
<input type="checkbox"/> Afternoon (Noon-6p) <input type="checkbox"/> Evening (After 6p)	<input type="checkbox"/> Afternoon (Noon-6p) <input type="checkbox"/> Evening (After 6p)
Preferred Seat: <input type="checkbox"/> Aisle <input type="checkbox"/> Middle <input type="checkbox"/> Window	Confirmation Number: <input type="checkbox"/> NA



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Preferred Airline:	<input type="checkbox"/> Attached is airline itinerary
Passport #: <input type="checkbox"/> NA	Passport Expiration Date:
Passport Issuing Authority:	
Transportation Information: <input type="checkbox"/> NA	
<input type="checkbox"/> In Kind <input type="checkbox"/> Reimbursed	Mobile Number:
Rental Car: <input type="checkbox"/> Yes <input type="checkbox"/> No	Ground Transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No
POV Mileage Reimbursed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of miles round-trip to & from airport (for POV Mileage Reimbursement):
Per Diem Information: <input type="checkbox"/> NA	
<input type="checkbox"/> In Kind <input type="checkbox"/> Reimbursed	*Please note if electing in-kind per diem, per diem will be provided as an allowance at your hotel (if meal allowance at hotel is not allowed, then per diem will not be supported)
Per Diem (meals): <input type="checkbox"/> Yes <input type="checkbox"/> No	

THIRD PARTY SPONSOR INFORMATION

Is a private company sponsoring this travel?	<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please complete this section)		
Company Name:	Contact Name:		
Phone:	Email:		
Additional Information:			

<p>Please Note:</p> <ul style="list-style-type: none"> • Please be aware of your facility's requirements and timelines for travel proffer submissions and provide The Geneva Foundation this Travel Form with ample time to process a Letter of Proffer and/or travel arrangements • Travelers renting a car must elect full coverage insurance • NO receipts are needed for per diem reimbursements 	Traveler Special Requests/Comments:
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This Travel Form is not valid without an acknowledgement signature or an attached memo/e-mail from the Department/Service Chief acknowledging that reserve funds will be released.

Acknowledged by:		Title:	
Signature:		Date:	