



TRAVEL INFORMATION GIFT FORM

POINT OF CONTACT (POC) INFORMATION			
POC Legal Name:		POC Rank or GS Level:	<input type="checkbox"/> N/A
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 <i>(If no, please give Traveler Info)</i> <input type="checkbox"/> N/A
TRAVELER INFORMATION			
Traveler Legal Name:		Traveler Rank or GS Level:	<input type="checkbox"/> N/A
Mobile Phone:		Personal Email:	
Work Phone:		Work Email:	
Emergency Contact: <i>(name, relationship, phone number)</i>		U.S. State of Residence: <i>(on ID)</i>	
Passport Number & Expiration Date: <i>(international travel only)</i>		Passport Issuing Authority: <i>(on passport)</i>	
TRAVEL INFORMATION			
Conference Registration: <input type="checkbox"/> N/A <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"/> N/A <input type="checkbox"/> In Kind <input type="checkbox"/> Reimbursed			
Hotel Name:			
Arrival Date:		Departure Date:	
Confirmation Number:	<input type="checkbox"/> N/A	<input type="checkbox"/> Attached is hotel information	
Flight Information: <input type="checkbox"/> N/A <input type="checkbox"/> In Kind <input type="checkbox"/> Reimbursed			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (MM/DD/YYYY):	
Departure Date:		Return Date:	
Departure Airport:		Arrival Airport:	
Preferred Departure Time: <input type="checkbox"/> Morning (6a-Noon) <input type="checkbox"/> Afternoon (Noon-6p) <input type="checkbox"/> Evening (After 6p)		Preferred Return Time: <input type="checkbox"/> Morning (6a-Noon) <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"/> N/A



THIRD PARTY SPONSOR INFORMATION			
Is a private company sponsoring this travel? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(if yes, please complete this section)</i>			
Company Name:		Contact Name:	
Phone:		Email:	
Additional Information:			
<p>Please Note:</p> <ul style="list-style-type: none"> • 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. 			
<p>Traveler Special Requests/Comments:</p> 			
<p><i>This Travel Form is not valid without an acknowledgement signature or an attached memo/email from the Department/Service Chief acknowledging that reserve funds will be released.</i></p>			
Acknowledged by:		Title:	
Signature:		Date:	