## INDIVIDUAL TRAVELER AUTHORIZATION FORM

TRAVELER INFORMATION	
Name: Rank/Grade:	Duty Station:
Dept/N-code: Telephone:	Date:
TEMPORARY DU  **UNCLASSIFIED CON  Trip Purpose:	JTY DETAILS  MMENTS ONLY**
Trip Description:	
List reasons that virtual means (VTC, Webinar, etc.) cannot be	e used:
Official Temporary Duty Dates  Departure: Return:	TDY Location(s):
TRAVELER'S SUPPLEM	IENTAL INFORMATION
Will travel occur outside the Region area of responsibility??	Yes No
Will duration exceed seven days? Yes No	
Will the total cost of the trip exceed \$10K (flight, per diem, and	d other expenses? Yes No
NSA NAPLES N8 V	'ERIFICATION
Line of Accounting:	Cost Estimate:
Comments:	
Printed Name / Rank	Signature
APPROVAL A Installation Dep	
Approved	Denied
Printed Name / Rank	Signature
Installation	n CO/XO
Approved	Denied
Printed Name / Rank	Signature
**Only required if <b>YES</b> was answered to	any supplemental questions above**
SECONDARY APPRO	
Region CC Approved	Denied
Printed Name / Rank	Signature

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