

# FY23 INDIVIDUAL TRAVELER AUTHORIZATION FORM

## TRAVELER INFORMATION

Name: \_\_\_\_\_ Rank/Grade: \_\_\_\_\_ Duty Station: \_\_\_\_\_  
Department: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

### TEMPORARY DUTY DETAILS \*\*UNCLASSIFIED COMMENTS ONLY\*\*

Trip Purpose: \_\_\_\_\_  
Trip Description: \_\_\_\_\_  
List reasons that virtual means (VTC, webinar, etc.) cannot be used: \_\_\_\_\_  
Official Temporary Duty Dates (includes travel dates) Departure: \_\_\_\_\_ Return: \_\_\_\_\_  
TDY Location(s): \_\_\_\_\_

### TRAVELER'S SUPPLEMENTAL INFORMATION

Will travel occur outside the Region area of responsibility?	Yes	No
Will duration exceed fourteen days?	Yes	No
Will the total cost of the trip exceed \$10K (flight, per diem, and other expenses)?	Yes	No
Will the traveler be attending a conference?	Yes	No

### DEPARTMENT HEAD APPROVAL

Approved Denied

\_\_\_\_\_  
Printed Name/Rank

\_\_\_\_\_  
Signature

### NSA NAPLES N8 VERIFICATION

Line of Accounting: \_\_\_\_\_ Cost Estimate: \_\_\_\_\_  
Comments: \_\_\_\_\_

\_\_\_\_\_  
Printed Name/Rank

\_\_\_\_\_  
Signature

### NSA NAPLES CO/XO

Approved Denied

\_\_\_\_\_  
Printed Name/Rank

\_\_\_\_\_  
Signature

### SECONDARY APPROVAL AUTHORITY

Region COS or ED

Approved Denied

\_\_\_\_\_  
Printed Name/Rank

\_\_\_\_\_  
Signature

**\*\*Approval required if YES was answered to any question in Traveler's supplemental information box above\*\***