

INDIVIDUAL TRAVELER AUTHORIZATION FORM

TRAVELER INFORMATION

Name: _____ Rank/Grade: _____ Duty Station: _____
Dept/N-code: _____ 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: Departure _____ Return _____

TDY Location (s): _____

TRAVELER'S SUPPLEMENTAL INFORMATION

Will travel occur outside the Region area of responsibility (AOR)? Yes No

Will duration exceed fourteen (14) days? Yes No

Will the total cost of the trip exceed \$10K (flight, per diem, and other expenses)? Yes No

Will traveler attend a Conference? Yes No

NSA NAPLES N8 VERIFICATION

Line of Accounting: _____ Cost Estimate: _____

Comments: _____

Printed Name / Rank

Signature

APPROVAL AUTHORITY

Installation Department Head

Approved Denied

Printed Name / Rank

Signature

Installation CO/XO

Approved Denied

Printed Name / Rank

Signature

SECONDARY APPROVAL AUTHORITY

Region COS or ED

Approved Denied

Printed Name / Rank

Signature

****Only required if YES was answered to any supplemental questions above****

UNCLASSIFIED