## Amendment

## **U.S. DEPARTMENT OF THE INTERIOR Foreign Travel Certification Form**

BUREAU Date Initiated

Traveler's Name, Phone & Fax Number:					
Position Title, Grade, Duty Station:					
COUNTRY (use + sheets for more than 3)		Major Cities to be Visited		Dates of Travel	
Pro	imbursable Agreement ( pfessional/Scientific Mee lain objective of trip, role	•		Employee Traning/Development Other onsequence if travel does	Bureau Clearance and Control Numbers For Bureau Use Only
Costs During Travel Period		Will other donor or employe	ee reimburse cost?	Yes * NO (If "yes," complete	
		Name of Donor:	1.	2.	
Salary	\$	Salary	\$	\$	
Per Diem	\$	Per Diem	\$	\$	
Transportation	\$	Transportation	\$	\$	
Other (Conf. Fees, etc.)	\$	Other (Conf. Fees, etc.)	\$	\$	
	\$	TOTAL	\$	\$	
* Use of non-Federal funds requires additional clearances under 31 USC Section 1353.  I HEREBY APPROVE THE TRAVEL AND CERTIFY that the travel proposed is essential and supported by the following considerations. Explain on reverse Items not checked below:  1. Travel is limited to the minimum necessary to accomplish the agency's program (41 CFR 301);  2. Clearance by US Mission/Embassy has been requested and travel will not occur if US Mission/Embassy objects;  3. Traveler will issue a report within ten (10) days of return to be distributed to interested officials to share in the benefits;  4. Annual leave of more than one workday is described here or is attached:  5. No other Bureau employees are known to be traveling to this destination at this time. If not checked, give names of other bureau officials to attend:					
(Signature of head of Burea	u)	Date			
Approved:			Concur:		
(Assistant Secretary)	(Date)	-	(Assistant Sec	cretary TIA) (Date	Form DI-1175