



Report Date:

Name of Traveler:	Destination:	Dates of Travel:	FTMS Trip Number: Not required
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Position/Title of Traveler	Employing Organization and Organization Code: Jefferson Lab
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Employment Address (include street, city, state/province, country)
12000 Jefferson Ave, Newport News, VA 23606

Destination:	Facility Visited:
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Purpose of trip: (Brief statement, including the justification from the foreign travel request):

Contacts	Name	Affiliated Institution	Facility Visited
Host:		-	
Other:			

Abstract (Major highlights, benefits of the travel, results of meetings, including their locations):

Names of other personnel with whom you traveled with as a team:

Meeting Results:

Information to the safety, health and security of future travelers (Provide this information only when appropriate):

Was there any missing, stolen, or unusual activity involving JLab property, i.e., camera's, portable computers, computer peripherals, pagers, or cell phones. Note basic facts of incidents, names of police departments and officials, and case report numbers.

Total Cost of the Trip		
Transportation Cost to DOE:		
Per Diem and Miscellaneous Cost to DOE:		
Total Cost to DOE		
Total Cost to Non-DOE Funding Amount:		
Total Cost of Trip:		

Travelers Signature **DATE**