



Traveler's Name _____

Sponsor _____

Project Title _____

SpeedType _____ Dept. Phone _____

Travel Dates _____

Travel Origin _____ Travel Destination _____

Please check the appropriate reason for exempting travel from a U.S. flag carrier and attach supporting documentation, if necessary. Please note, the waiver may be applicable to only a portion of the itinerary.

- Use of foreign air carrier is a matter of necessity because U.S. flag carrier cannot provide the air transportation needed. Must check one statement listed below and attach supporting documentation.
 - Use of foreign air carrier is necessary for medical reasons.
 - Seat on U.S. air carrier in authorized class of service is unavailable; seat on foreign air carrier in authorized class of service is available.
 - Other (Detailed explanation required.)
- For Federal Employees *only*: Bilateral or multilateral air transportation agreement. Please review <http://cpsearch.fas.gsa.gov/> to determine allowable agreements as approved by U.S. GSA.
- No U.S. flag air carrier provides service on a particular leg of your route. (*Travelers can only use foreign air carrier to or from the shortest route available to connect with a U.S. carrier.*)
- A U.S. flag air carrier involuntarily reroutes traveler on a foreign air carrier.
- Excess travel time /or flight changes:
 - Use of a U.S. carrier increases the number of aircraft changes outside the U.S. by two or more.
 - Use of a U.S. carrier extends travel time by six hours or more.
 - Use of a U.S. carrier requires a connecting time of four hours or more at an overseas interchange point.
 - Use of a U.S. carrier for all non-stop travel between U.S. and another country extends travel time by 24 hours or more.

Please note: you must use a U.S. flag air carrier on every portion of the route where it provides service unless you qualify for a waiver. Cost, convenience, or the destinations are not included in the list of qualifying exceptions used to determine the non-availability of a U.S. flag air carrier. THE SIGNED COMPLETED FORM SHOULD BE RETAINED IN DEPARTMENT PROJECT RECORDS.

I certify that to the best of my knowledge, the above is a complete and accurate statement.

Traveler's Signature _____

Date _____

Principal Investigator's
Signature (if not traveler) _____

Date _____