



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 (Detailed explanation required.)

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 _____

Questions may be sent to ocgtravel@colorado.edu