## Department of State – United States Mission to the United Nations Travel Authorization Form

Sent From:			
Time Exception: (drop down box with y	es or no)		The state of the s
THIS FORM MUST BE TY			
Continuation sheets may be used as nece			
Date of Request / /			
month day year			
State Dept. Personal ID # (PID)		Passport #	
Name of traveler (Last, First, Middle)			****
Title			
Organization			_
1 Holle			
Date of Birth:	Place of B	arth:	
Name(s) of Accompanying Traveler(s)	Title	PID #/Passport	
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Purpose of			
Travel:			
	~.		
T.	Signature	):	
Trav	el Itinerary		
1) Date / / From		Don	a/
1) Date / / From month day year		Dep	am/pm
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Name of Host			
Organization			
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If driving, please provide the following:			
License Plate # Make/Color o	f Car	Year	
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Routes:			
2) Date/From		Dep	am/pm
month day year			

Mode	To		Arr	_am/pm
Lodging Address	3			
Name of Host				
Organization				
Host Address:		Phone:		
	provide the following:			
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3) Date/	day year From		Dep	am/pm
month	day year			1
Mode	To		Arr	am/pm
Lodging Address				
Name of Host				
Organization				
Host Address:		Phone:		
If driving please	provide the following:			
	Make/Color of Car		Year	
The second secon				
Routes:				

After completion, please send this form to the attention of **Mr. Thomas J. Buda**Law Enforcement Liaison Officer, Host Country Affairs Section US Mission to the UN

Fax No. 212-415-4162

(You may e-mail Mr. Buda at <u>budat@state.gov</u> should you have questions in regard to this form. Please do NOT e-mail the completed form.)