

**NIH TRAVEL WAIVER REQUEST FORM  
FOR SENIOR TRAVEL OFFICIAL APPROVAL**

**Traveler:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**IC:** \_\_\_\_\_ **IC Point of Contact:** \_\_\_\_\_

**Conference/Meeting Title:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**Conference/Meeting Title:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**Conference/Meeting Title:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

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**Domestic** (NIH Funded)

**International** (NIH Funded)

**Domestic** (Sponsoring Organization): \_\_\_\_\_

**International** (Sponsoring Organization): \_\_\_\_\_

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**Check all boxes that apply**

**Leave in Conjunction with HHS-348 Sponsored Travel** (International only)

**Leave** (In excess of the number of days permitted by HHS guidelines which is based on the number of lodging nights, but in any case, cannot exceed three (3) days. Please provide in the narrative section the number of lodging nights involved, the number of official TDY days and the number of annual leave days being requested.)

**Premium Class** (other than First Class)

**"14 Hour Rule"** (Intervening domestic stops and actual domestic flying time on outbound flight)

**"14 Hour Rule"** (Returning flight)

**Premium Class** (First Class)

**HHS-348 Sponsored In-Cash**

    Sponsor internal operations cannot support their making in-kind travel arrangements

    There are no known issues of sponsor not providing timely cash reimbursement

    Sponsor letter attached

\*Only in-cash requests \$500 or greater may be waived by the STO. Any request below this amount cannot be accepted.

\*\*A blanket waiver exists for in-cash sponsor funding provided by FASEB, Keystone and Gordon Research regardless of dollar amount. As such, STO waiver is not required.

**HHS-348 Sponsored In-Kind** (Over 13 lodging nights)

**Payment of Discretionary Relocation Allowance** (See HHS/HR Manual Instructions 572-1 1/16/2012)

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*Complete Narrative Justification and Signature Block on Page 2 of the form.*

**Complete Narrative Justification:** (Attach other than coach class justification memo)

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EO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFM Referral Date to STO/CTMC: \_\_\_\_\_

NIH STO/CTMC Determination: Approval: \_\_\_\_\_ Disapproval: \_\_\_\_\_ Date: \_\_\_\_\_

NIH STO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*\*\*As of 2012 this form supersedes the NIH International Travel Waiver Form*