## **USFS Incident Travel Request**

Number of Pages Sent to BCD Travel:

DISPATCH CENTER						DISPATCH LO	CATION					
POC Travel Arranger						POC Telephon	е	Voice				
						Number		Fax				
POC E-Mail Address						Approval Code/Zone Code Last 4 of Corp Card			Job	Code/P Code		
Incident Name						Incident Resou	ırce #					
Destination (City and State)						Departure Date/Time:			Arrival Date/Time:		ne:	
Ticketing Info (Y/N):			Round Trip?	One Way?		Fully Refundable?			Non-Refundable Allowed?			
Car Rental? (Y/N)			Size Authorized			Number of Days						1
INFORMATION HERE MUST MATCH GOVERNMENT ID		First Name	Middle Name	L	ast Name	Gender (M/F)	Date o (MM/DD	Birth Depart /YYYY)		ire City and State Airport	<u>0R</u>	Record Locator Number
	1											
	2											
	3											
	4											
	5											
	6											
	7											
	8											
	9											
	10											
INFO	-		ravel will contact the	-	n 30 minutes t	to confirm receipt	of this doc					

Privacy notice (found in Section 1560.103 of the Secure Flight Final Rule): The Transportation Security Administration (TSA) requires you to provide your full name, date of birth, and gender for the purpose of watch list screening, under the authority of 49 U.S.C. section 114, the Intelligence Reform and Terrorism Prevention Act of 2004 and 49 C.F.R parts 1540 and 1560. You may also provide your Redress Number, if available. Failure to provide your full name, date of birth, and gender may result in denial of transport or denial of authority to enter the boarding area. TSA may share information you provide with law enforcement or intelligence agencies or others under its published system of records notice. For more on TSA privacy policies, or to review the system of records notice and the privacy impact assessment, please see the TSA Web site at www.tsa.gov

e-mail to: Usda.incidentdispatch@bcdtravel.com or fax to: 770-901-3914