

## JUSTIFICATION CERTIFICATE FOR USING A NON-CONTRACT OR INDIRECT AIR CARRIER

and Related Expenses. Purpose: To manage requests for non-cor USAID. Routine Uses: The personal information Records Notices USAID-19 and USAID-34 agencies, the U.S. Department of State, th shipping companies for making travel, trar voluntary, but failure to provide certain info	ntract air carrier requested on the USAID will dis e U.S. Treasur resportation, and romation may re- personal inforr	travel for USAID direct-hires and their on the contract of the	deper fficers entitie gents f th fore ravel a	ndents, Personal Services Contra s to determine eligibility for travel : s that have the legal authority to or shipment and clearance of effe elign governments and internation tocommodations through a non- crtain information may result in the	accors (PSCs), consultants and person accommodations through a non-cont maintain the information such as men ects. USAID may also share the inforn hal agencies as appropriate. <b>Disclos</b> contract air carrier. Please refer to AD he denial of your request for premium	class air travel. Please refer to ADS 522.3.20
Name of Traveler:			0	Office/Bureau: Phone #:		
<b>9</b>			D	Destination Point:		
CONTRAC	T CARR	IER INFORMATION (	(Ma	andatory) OR DIR	ECT AIR CARRIER	(14 FAM 585.1)
Carrier:				Flight:		
Departure Date: (MM-DD-YYYY)				Departure Time:		
Arrival Date: (MM-DD-YYYY)				Arrival Time:		
Fare Code:				Price:		
Routing:						
NON-C	ONTRA	CT INFORMATION (	Pro	posed) OR INDIR	ECT CARRIER (14	FAM 585.2)
Carrier:				Flight:		
Departure Date: (MM-DD-YYYY)				Departure Time:		
Arrival Date: (MM-DD-YYYY)				Arrival Time:		
Fare Code:				Price:		
Routing:						
		Forms submitted with		STIFICATION t justification detail	s will be returned.	
	erence a	nd specifics in this sp	ace	e. In markets that d	lo not have a contrac	Provide the applicable 14 tare, provide justification
Select one of the follow (Maximum 200 Charact	ers)					•
COMPL	ETE TH	IS SECTION ONLY II	F U	SING PET MOVE	MENT AS THE JUS	TIFICATION
	n the san	ne flight as the traveler ost economical and di	r ur	nder 14 FAM 543.A	(1), the traveler and n	ability to move the pet(s) ot the USG is responsible of moving the pet. The
Travel Authorization Number Difference in Price of		of ea	ach Ticket	Number of Tickets	Total Due \$	
Date: (MM-DD-YYYY)					Signature: (Traveler)  X	
Date: (MM-DD-YYYY) Print Name & Title: (Supervisor			sor)	)	Signature: (Supervi	sor)
					X	

Signature: (APPROVING OFFICIAL)

Χ

Print Name: (M/MS/TTD Chief or EXO or

designee)

Date: (MM-DD-YYYY)