

## PREMIUM CLASS AIR TRAVEL (BUSINESS CLASS) CERTIFICATION

Name of Traveler		Office Symbol	_ Phone Number	
Air Carrier		Destination	Date(s) of Travel	
Cost:	Business Class Air Fare:	_ Coach Class Air Fare:	Cost Difference:	
Select Appropriate Exception for Business Class Air Travel				
0	No space available in coach class and the trip cannot be scheduled in time to accomplish purpose of travel which is so urgent that travel cannot be postponed.			
0	Traveler has a special physical need that requires use of premium class air travel. (See ADS 522.3.11.1.d) (Medical statement provided and retained by the supervisor) <b>DAA, Independent Office Director or Mission Director Clearance</b>			
0	Premium class air travel is necessary to reasonably accommodate the traveler's disability. (Letter from the Disability Review Committee must be attached to the TA).			
0	Premium class air accommodations SEC or Regional Security Officer (			
0	Premium class air travel is an overal	I cost savings to the Governmer	nt.	
0	The scheduled flight is in excess of 1	14 hours (See specific condition	s in ADS 522).	
0	Travel is funded by a non-Federal so	ource. GC/EA or RLA Clearand	ce Date	
0	Use of frequent flyer travel benefits of out between the employee and the re		ersonal expense (Arrangements are worked	
0	Premium class air travel for medical evacuation. (Authorized by State/MED in consultation with foreign service medical provider)			
0	Regularly scheduled flights between class air accommodations.	origin/destination points (includ	ing connecting points) only provide Premium	

Did you review the Agency policies on Premium class air travel in ADS 522, Performance of Temporary Duty Travel in the U.S. and Abroad? Yes\_\_\_\_\_ No\_\_\_\_\_

Did you consider a rest stop in lieu of Premium class air travel? Provide explanation below:

## APPROVAL

Printed Name and Signature of Administrator, Deputy Administrator or their designee (must approve for Assistant Administrators and Independent Office Directors)\_\_\_\_\_ Date\_\_\_\_\_

Printed Name and Signature of Assistant Administrator	(must approve for Deputy Assistant Administrators and Mission
Directors)	Date
,	
Printed Name and Signature of Mission Director	Date

Date\_\_\_\_

Printed Name, Signature and Title of Supervisor\_\_\_\_\_