

# WOS



## Window On Science Application – Before Trip 1

### Welcome to the Window On Science Program

Instructions for Program Officer and Traveler:

Please ensure that you complete all required information in the following pages under each **yellow tab**.

**Insufficient information will be rejected and delay approval of the travel package.**

WOS Program is administered under the Invitational Travel Authorization provisions in Joint Travel Regulation (JTR).

The JTR applies to and includes other authorized travelers who use appropriated DoD funding.

All the travel and transportation allowances will be paid/reimbursed as stipulated. If you have any questions, please let your Program Officer know, or, you may refer questions to the WOS coordinating specialist in the administering office (AOARD).

\*Please DO NOT update, change the format of this form.

\*Due to COVID-19, the actual venue, the start date, the visiting dates and the end date might be changed accordingly.

Please see travel tips below:

**WOS** Window On Science

**Air**

- No Business Class
- No Premium Class
- No LCC (Low Cost Carrier)
- Receipt must show the payment with itemized prices
- Needs boarding pass
- Leisure legs/locations should not be added



**WOS follows JTR**  
**(Joint Travel Regulation)**

<https://www.defensetravel.dod.mil/Docs/perdiem/JTR.pdf>

**Ground Transportation**

- Rental car class: compact
- Leisure legs/locations should not be added



**Lodging**

- Per Diem depends on visiting venue, not depends on where you lodge
- Receipt needs to show room costs, taxes and other expenses separately
- Online booking agent such as booking.com, Expedia, Kayak usually do not provide a receipt which itemize taxes and fees.
- Per Diem Rates Query  
<https://www.defensetravel.dod.mil/site/perdiemCalc.cfm>

- **May not cover 100% of travel costs**
- Receipt must show the payment with itemized prices
- Booking confirmation is not the receipt

**1. Information Completed by Program Officer**

**Program Officer**

Prefix	First	Middle	Last	Email Address	
Office		Telephone		DSN	FAX
<input type="checkbox"/> AOARD <input type="checkbox"/> EOARD <input type="checkbox"/> SOARD <input type="checkbox"/> AFOSR					

Is this WOS cost-capped?    Yes    No   If Yes, please annotate the limit amount.

**1-1 (Location 1) Host**

Host							
Prefix	First	Middle	Last	Email Address			
Installation (Base, Camp, Post, etc.)			Directorate			Office Symbol	
Address 2	City	State	Zip	Telephone	DSN	FAX	
Venue							

\*Please read the below statements and check on the left box.

- Location of this visit is the US Forces/government installation requires an advance authorization for the entry.  
(Includes NASA, National Institute, Academy, Archive Center, Lab, etc.)
- Venue is the same as the host's information above (Work place of the host). Requires the visit authorization request.
- Venue is other location than the work place of the host, and requires the visit authorization request.  
(Please fill out below.)

Check item 3-1

Installation	Directorate	Office Symbol	Address	City	State	Country	Phone

- Location of this visit is 'Off-Base/Post/Camp' (Please fill out below).

Hotel, Convention Center, Conference Hall, etc.	Address	City	State	Country	Phone

Venue

Please choose the appropriate area from the lists (At least one are)

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Special Requirements, Scheduled Services, Performance, etc.

- No additional requirement(s).
- Performance, Service, Submission, Delivery, etc. of the following item(s) will be the terms of payment.

## 1-2 (Location 2) Host

Host							
Prefix	First	Middle	Last	Email Address			
Installation (Base, Camp, Post, etc.)				Directorate		Office Symbol	
Address 2	City	State	Zip	Telephone	DSN	FAX	
Venue							

\*Please read the below statements and check on the left box.

- Location of this visit is the US Forces/government installation requires an advance authorization for the entry.

(Includes NASA, National Institute, Academy, Archive Center, Lab, etc.)

- Venue is the same as the host's information above (Work place of the host). Requires the visit authorization request.

- Venue is other location than the work place of the host, and requires the visit authorization request.

(Please fill out below.)

Check  
item  
3-1

Installation	Directorate	Office Symbol	Address	City	State	Country	Phone

- Location of this visit is 'Off-Base/Post/Camp' (Please fill out below).

Hotel, Convention Center, Conference Hall, etc.	Address	City	State	Country	Phone

Venue
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Please choose the appropriate area from the lists (At least one are)

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Special Requirements, Scheduled Services, Performance, etc.
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- No additional requirement(s).

- Performance, Service, Submission, Delivery, etc. of the following item(s) will be the terms of payment.

## 1-3 (Location 3) Host

Host							
Prefix	First	Middle	Last	Email Address			
Installation (Base, Camp, Post, etc.)			Directorate			Office Symbol	
Address 2	City	State	Zip	Telephone	DSN	FAX	
Venue							

\*Please read the below statements and check on the left box.

- Location of this visit is the US Forces/government installation requires an advance authorization for the entry.

(Includes NASA, National Institute, Academy, Archive Center, Lab, etc.)

- Venue is the same as the host's information above (Work place of the host). Requires the visit authorization request.

- Venue is other location than the work place of the host, and requires the visit authorization request.

(Please fill out below.)

Check  
item  
3-1

Installation	Directorate	Office Symbol	Address	City	State	Country	Phone

- Location of this visit is 'Off-Base/Post/Camp' (Please fill out below).

Hotel, Convention Center, Conference Hall, etc.	Address	City	State	Country	Phone

Venue
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Please choose the appropriate area from the lists (At least one are)

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Special Requirements, Scheduled Services, Performance, etc.
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- No additional requirement(s).

- Performance, Service, Submission, Delivery, etc. of the following item(s) will be the terms of payment.

**2. Information Completed by Traveler**

**2-1. Visitor Information**

Prefix	First	Middle	Last	Date of Birth	Sex	Tel
Country of Birth	City of Birth	Nationality	Other Nationality (If any)			
Home Address			City	State, Province		Postal Code
Country	Passport Issuing Country	Passport Type	Passport Number	Expiration Date	(If any) US VISA Number	Expiration Date

**2-2. Employer of the Visitor**

Name of University, Institute, Company, Organization, Corporation, etc.			Faculty, Directorate, Department, Bureau, etc.			
Address 1			Address 2			
City	State, Province	Postal	Country	Telephone	FAX	
Work Email Address			Alternate Email Address (In case undeliverable error)			

**2-3 (1). Visit Objective <Location 1>**

<b>Departing Airport Name</b> for this travel segment --->		<b>OR, If you know 3 Digit Air Port Code</b> ---->		<b>Destination Airport Name</b> for this travel segment --->		<b>OR, If you know 3 Digit Air Port Code</b> ---->	
All stop points/stop overs are related to this WOS travel? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please fill out the reason ->							
Will you rental a car at the venue? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please fill out the estimated amount (USD) in the right box and also <b>send the screen capture of the reservation/estimation page -&gt;</b>							

**Schedule <Location 1> \*Due to COVID-19, the below dates might be changed.**

Travel Starts on		Arriving to this location on		Actual Visit Starts on		Actual Visit Ends on		Leaving on	
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**Purpose <Location 1>**

<b>Site Visit</b> must have a meeting which traveler is one of the following... <input type="checkbox"/> I am an official invitee of the meeting, conference, symposium, etc. <input type="checkbox"/> Presentation Speaker <input type="checkbox"/> Organizer <input type="checkbox"/> Operation Staff <input type="checkbox"/> Co-Organizer <input type="checkbox"/> Distinguished Guest <input type="checkbox"/> Specify here	Name of the Meeting, Conference, Symposium, etc.
	Title of the Presentation, Topic, Subject of briefing, lecture, etc.
<input type="checkbox"/> Pre-Contract negotiation and/or preliminary discussion on the Research Case, Submission of the Intermediate / Final Report	Title/Topic of Research Case, (i.e. Case Number)
<input type="checkbox"/> Other (Please Specify)	

Has the work to be presented been funded by the Air Force, or any other U.S. military organization in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please specify here.

Will this presentation be given in a public forum? (i.e., a conference, as opposed to a meeting at which only military researchers will be)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**2-3 (2). Visit Objective <Location 2>**

<b>Departing Airport Name</b> for this travel segment --->		<b>OR, If you know 3 Digit Air Port Code</b> ---->		<b>Destination Airport Name</b> for this travel segment --->		<b>OR, If you know 3 Digit Air Port Code</b> ---->	
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All stop points/stop overs are related to this WOS travel?  
Yes No If No, please fill out the reason ->

Will you rental a car at the venue? Yes No  
 If Yes, please fill out the estimated amount (USD) in the right box  
 and also **send the screen capture of the reservation/estimation page ->**

**Schedule <Location 2> \*Due to COVID-19, the below dates might be changed.**

Travel Starts on		Arriving to this location on		Actual Visit Starts on		Actual Visit Ends on		Leaving on	
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**Purpose <Location 2>**

<b>Site Visit</b> must have a meeting which traveler is one of the following... <input type="checkbox"/> I am an official invitee of the meeting, conference, symposium, etc. <input type="checkbox"/> Presentation Speaker <input type="checkbox"/> Organizer <input type="checkbox"/> Operation Staff <input type="checkbox"/> Co-Organizer <input type="checkbox"/> Distinguished Guest <input type="checkbox"/> Specify here	Name of the Meeting, Conference, Symposium, etc.
	Title of the Presentation, Topic, Subject of briefing, lecture, etc.
<input type="checkbox"/> Pre-Contract negotiation and/or preliminary discussion on the Research Case, Submission of the Intermediate / Final Report	Title/Topic of Research Case, (i.e. Case Number)
<input type="checkbox"/> Other (Please Specify)	

Has the work to be presented been funded by the Air Force, or any other U.S. military organization in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If Yes, please specify here.</b>

Will this presentation be given in a public forum? (i.e., a conference, as opposed to a meeting at which only military researchers will be)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**2-3 (3). Visit Objective <Location 3>**

<b>Departing Airport Name</b> for this travel segment --->		<b>OR, If you know 3 Digit Air Port Code</b> ---->		<b>Destination Airport Name</b> for this travel segment --->		<b>OR, If you know 3 Digit Air Port Code</b> ---->	
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All stop points/stop overs are related to this WOS travel?  
Yes No If No, please fill out the reason ->

Will you rental a car at the venue? Yes No  
 If Yes, please fill out the estimated amount (USD) in the right box  
 and also **send the screen capture of the reservation/estimation page ->**

**Schedule <Location 3> \*Due to COVID-19, the below dates might be changed.**

Travel Starts on		Arriving to this location on		Actual Visit Starts on		Actual Visit Ends on		Leaving on	
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**Purpose <Location 3>**

Site Visit must have a meeting which traveler is one of the following... <input type="checkbox"/> I am an official invitee of the meeting, conference, symposium, etc. <input type="checkbox"/> Presentation Speaker <input type="checkbox"/> Organizer <input type="checkbox"/> Operation Staff <input type="checkbox"/> Co-Organizer <input type="checkbox"/> Distinguished Guest <input type="checkbox"/> Specify here	Name of the Meeting, Conference, Symposium, etc.
	Title of the Presentation, Topic, Subject of briefing, lecture, etc.
<input type="checkbox"/> Pre-Contract negotiation and/or preliminary discussion on the Research Case, Submission of the Intermediate / Final Report	Title/Topic of Research Case, (i.e. Case Number)
<input type="checkbox"/> Other (Please Specify)	

Has the work to be presented been funded by the Air Force, or any other U.S. military organization in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please specify here.

Will this presentation be given in a public forum? (i.e., a conference, as opposed to a meeting at which only military researchers will be)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**3-1. Visit Authorization Request**

- This case does NOT have any visit locations at DoD installation and does NOT require any advance authorizations.
- The respective foreign disclosure office(s) have been/will be notified.

The request has been (will be) sent on

the concurrence will be assumed at the 10th day from the request date unless otherwise notified.

**3-2. FD Memo Check**

- Technology Security Check has been conducted on  and the record document has been filed.

**3-3. WOS Confirmation**

I hereby certify that the travel purpose, itinerary are proper and justifiable, terms & conditions have been mutually agreed with the traveler.

**4. Approval of Authorizing Official**

I hereby certify this case and authorize to officially transfer to the Administering Office (AOARD).