## **FULBRIGHT GRANTEE TRAVEL ITINERARY**

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Grantee name:			Country of grant:		<b>Dates of Grant Activity</b> (please indicate the anticipated start and end date of your grant activity):		
					Estimated Start Date:		
					<b>Estimated End Date:</b>		
Prior to purchase, send your travel itinerary to your CIES program staff contacts. In order for the grant to include trave funds, the travel taken must comply with the Fly America Act. CIES will review the itinerary for required compliance with Fly America and respond. Send any itinerary changes, including for return travel, to CIES in advance of purchase							
After receiving your travel itinerary, CIES will enroll you in the Accident and Sickness Program for Exchange coverage for grantees and send the itinerary to the public affairs office of the U.S. Embassy in the host country coverage will begin and end according to your grant dates and will only be in effect when you are in the host of during the grant dates. The U.S. Embassy needs to receive your travel schedule at least one month before you departure to confirm logistical arrangements.						n the host country. ASPE u are in the host country	
Travel from the United States to grant destination							
Please note that you are strongly discouraged from arriving on a weekend or holiday (U.S. or local) or in the middle of the night.							
Г	Departure date/time	From	То	Airliı	ne + Flight#	Arrival date/time	
	Accompanying dependents:		,				
	Stop-over hotel:						
Travel returning to the United States from grant destination							
Г	Departure date/time	From	То	Airlin	ne + Flight#	Arrival date/time	
	Accompanying dependents:						
	Stop-over hotel:						

A fillable version of this form is available online: <a href="http://www.cies.org/grantees\_login/">http://www.cies.org/grantees\_login/</a> (enter grantees as user name and CIES\_grantee! as your password). If your travel plans change after submitting this form, please notify your CIES program officer immediately.