



# EMBASSY OF ERITREA

1708 NEW HAMPSHIRE AVE NW  
WASHINGTON, D.C. 20009  
TEL: (202) 319-1991, Fax: (202) 319-1304

## TRAVEL REQUEST FORM

**-PLEASE COMPLETE THIS FORM IN FULL-**

**FORM MUST BE SUBMITTED 10 WORKING DAYS PRIOR TO TRIP  
ALONG WITH THE FORMAL ENTRY VISA APPLICATION FORM**

1. Date of Request:  /  /   
mon./day/year

2. Full Name of Traveler:     
First Middle Last

3. Rank/Position:

4. Passport Number:

Passport Type:  Diplomatic  Official  Ordinary  Other

5. Accompanying Traveler

Full Name

Passport Number

Full Name

Passport Number

Full Name

Passport Number

See Next Page



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### TRAVEL REQUEST FORM

#### Travel Itinerary

1. Date:  /  /   
mon./day/year From:  Departure Time:  :  <sup>AM</sup>  
PM
2. Flight Number:  Carrier:  To:  Arrival:  :  <sup>AM</sup>  
PM
3. Purpose of Travel:
4. Length of Stay:
5. If Traveler On Assignment:    
new position/rank replacing  
  
term of assignment in months
6. Anticipated Visits Outside Asmara:
7. Host/Sponsor:   
Name & telephone number
8. Lodging:   
Name  
  
Address
9. Date of Departure From Eritrea:  /  /   
mon./day/year

**Please Use Additional Sheets For More Information**

<b>Official Use Only</b> Date of Receipt: <input type="text"/> / <input type="text"/> / <input type="text"/> mon./day/year
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