

**Instructions for Completing the Request for Approval of Other than Coach-Class Accommodations  
Form (CD-334)**

- Block 1 – Traveler’s Name  
Fill in first and last name of traveler (Name that is used on official documents).
- Block 2 - Traveler’s Title  
Fill in official position held by the traveler. If the traveler is not an employee, the word “invitational” should be used.
- Block 3 - Date of Request  
Fill in month, day, and year of request.
- Block 4 - Bureau Name/Organizational Unit  
Fill in name or initials of Bureau. Regional office or other organizational information may be included.
- Block 5 - Present Official Station  
Fill in city and state of present duty station of traveler.
- Block 6 - Office Phone Number  
Fill in area code and phone number where traveler/travel arranger may be contacted.
- Block 7 - Travel Order Number  
Fill in travel document number from the series of numbers assigned to your bureau.
- Block 8 - Period of Travel  
List departure and return dates.
- Block 9 - Mode of Transportation  
Check the appropriate mode of travel.
- Block 10 - Travel Purpose Code  
Fill in the appropriate code number according to the following list:  
1 – Employee Emergency  
2 – Mission (Operational)  
3 – Special Agency Mission  
4 – Conference – Other than Training  
5 – Training  
6 – Relocation

Block 11 -

Travel Exception Code

**For First Class Segments, fill in the appropriate code from the list below:**

F1 – No coach-class accommodations are reasonably available (within 24 hours proposed departure or arrival time)

F2 – Traveler has an agency-certified medical disability or other special need

F3 – Agency has determined that exceptional security circumstances exist

F4 – Required because of agency mission, consistent with agency's internal procedures

**For Business Class Segments, fill in the appropriate code from the list below:**

B1 – Traveler has an agency-certified medical disability or other special need

B2 – Agency has determined that exceptional security circumstances exist

B3 – Coach-Class accommodations on an authorized/approved foreign air carrier do not provide adequate sanitation or health standards

B4 – No coach-class accommodations are provided for regularly scheduled flights between origin and destination points

B5 – Traveler's transportation costs are paid in full through agency acceptance of payment from a non-federal source

B6 – Origin and/or destination is/are OCONUS and the scheduled flight time (including stopovers and change of planes) exceeds 14 hours

B7 – Will result in overall cost savings to the government by avoiding additional subsistence costs, overtime, or lost productive time

B8 – No space is available in coach-class accommodations to accomplish agency mission, which is urgent and cannot be postponed

B9 – Required because of agency mission, consistent with agency's internal procedures

**For Upgraded Train Segments, fill in the appropriate code from the list below:**

T1 – No coach-class accommodations are reasonably available (within 24 hours proposed departure or arrival time)

T2 -- Traveler has an agency-certified medical disability or other special need

T3 – Agency has determined that exceptional security circumstances exist

T4 – Coach-Class accommodations on an authorized/approved foreign rail carrier do not provide adequate sanitation or health standards

T5 – Required because of agency mission, consistent with agency's internal procedures

**For Other than lowest First Class Ship Segments, fill in the appropriate code from the list below:**

S1 – Lowest first-class accommodations are not available

S2 – Traveler has an agency-certified medical disability or other special need

S3 – Agency has determined that exceptional security circumstances exist

S4 – Required because of agency mission, consistent with agency's internal procedures

Block 12 -

Itinerary (as shown on the CD-29, Travel Order)

List all points where official duty is being performed.

Block 13 -

Justification for use of other than coach-class accommodations

Please indicate specific justification for use of other than coach-class accommodations. This must be included for each leg of the trip. (Must comply with the FTR referenced at 301-10.123-125; 301-10.162; or 301-10.183.)

- Block 14 - Name of Carrier(s) and Flight/Train/Ship Number(s)  
List the name of all carriers and flight/train/ship number(s) where other than coach-class accommodations are being requested.
- Block 15 - Costs –Specify  
Check block for one-way or round trip  
Check block indicating business or first class  
Provide cost of Extra Fare  
Provide cost of Coach Fare  
Provide additional cost (subtract cost of coach fare from extra fare)
- Block 16 - List all other than coach class segments  
Provide the origin, destination, cost of other than coach-class fare per segment, cost of coach fare and difference in fares of coach and other than coach-class fares. Provide total cost for Other than Coach Fare, Coach Fare, and Difference in Fares.
- Block 17 - Printed Name, Signature, and Title of Requesting/Approving Official  
Fill in Printed Name, Signature, and Title of Requesting/Approving Official.
- Block 18(a) - Printed Name, Signature, and Title of Authorizing Official  
Fill in Printed Name, Signature, and Title of Authorizing Official.
- Block 18(b) - Fill in justification(s) for modification(s) of travel if applicable.