SIP Super Intelligence Program

SIP Travel/Partner Pre-authorization Form

Please use this form to request pre-authorisation for potential travel or partnership for/on behalf of the Super Intelligence Program.

Please include as much detail possible so the appropriate management authority can review the request and provide a response.

1. Please provide your name.

2. Is this a travel request?

- ◯ Yes
- ◯ No

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Travel Details

Please supply as much information as possible.

3. Travel Destination

4. Expected Duration of Travel

5. Expected Cost

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Partner Request

Please enter as much detail as possible. If this is NOT a partner request, please use N/A to answer the questions in this section.

6. Partner Name

7. Partner Location

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Additional Information to Support Request

8. Please use the below space to list what you feel is the purpose and potential outcome of this request.