

PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM

J-05 (Rev. 12/01)

REQUEST FOR EXTERN TRAVEL REIMBURSEMENT

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 12/31/2007
*See Estimated Average Burden Time
per Response on Reverse Side*

Travel expenses are paid according to Travel and Transportation Allowances in the Joint Travel Regulations and Federal Travel Regulations.

EXTERN APPLICANT'S NAME	HEALTH DISCIPLINE
SOCIAL SECURITY NUMBER	NAME OF EDUCATIONAL INSTITUTION

BELOW IS ESTIMATED EXPENSE OF PROPOSED TRAVEL

PURPOSE OF TRAVEL: _____

DATES OF TRAVEL: _____

LOCATION OF TRAVEL: From _____
To _____

NUMBER OF AUTO MILES: _____

NUMBER OF DAYS: _____

COACH AIR FARE: _____

COMMENTS: _____

EXTERN APPLICANT'S SIGNATURE	DATE
EXTERN'S SUPERVISOR or BRANCH CHIEF SIGNATURE	DATE

Please return the completed J-05 form to the SCHOLARSHIP COORDINATOR FOR YOUR IHS AREA (see pages B-02 through B-04 for listing).