

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
REQUEST FOR EXTERN TRAVEL REIMBURSEMENT**

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

RECIPIENT'S NAME		SOCIAL SECURITY NUMBER	
ADDRESS		PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>	
DEGREE TRACK	IHS AREA OFFICE	EMAIL ADDRESS	

**BELOW IS ESTIMATED EXPENSE OF PROPOSED TRAVEL**

PURPOSE OF TRAVEL: \_\_\_\_\_

DATES OF TRAVEL: \_\_\_\_\_

TRAVEL DESTINATION: FROM \_\_\_\_\_  
TO \_\_\_\_\_

MILES (by car): \_\_\_\_\_

TRAVEL DAYS: \_\_\_\_\_

AIRFARE (coach only): \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE	DATE
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Return the completed form to the Area Scholarship Coordinator at the IHS Area Office  
where you are requesting your extern assignment (Visit [www.scholarship.ihs.gov](http://www.scholarship.ihs.gov) for the most up-to-date contact information.)

**Reviewed (IHS use only):** \_\_\_\_\_  
Extern Coordinator, Branch Chief or Designee