DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
INDIAN HEALTH SERVICE

FORM APPROVED: OMB Approval No: 0917-0006 Exp. Date: 08/31/2013

See Estimated Average Burden Time per Response on Reverse Side.

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 | HOME | DEGREE TRACK IHS AREA OFFICE EMAIL ADDRESS BELOW IS ESTIMATED EXPENSE OF PROPOSED TRAVEL PURPOSE OF TRAVEL: DATES OF TRAVEL: TRAVEL DESTINATION: FROM _____ MILES (by car): TRAVEL DAYS: _____ AIRFARE (coach only): COMMENTS: SIGNATURE DATE 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 for the most up-to-date contact information.) Reviewed (IHS use only): _ Extern Coordinator, Branch Chief or Designee IHS-856-18 EF