

1. NO.

REQUEST FOR TRAVEL AUTHORIZATION

OR AMENDMENT

2. DATE

3. REQUESTING OFFICE OR DIVISION

4. NAME OF PERSON TO BE AUTHORIZED TO TRAVEL

5. OFFICIAL STATION

6. TITLE

7. TRAVEL TO BEGIN ON OR ABOUT-

8. ENDING ON OR ABOUT-

9. ITINERARY

10. PURPOSE OF TRAVEL

11. PER DIEM ALLOWANCE RECOMMENDED

STANDARD PER DIEM RATE

OTHER (EXPLAIN)

12. MODE OF TRAVEL:

COMMON CARRIER

EXTRA-FARE TRAIN**

EXTRA-FARE AIRPLANE*

PRIVATELY OWNED AUTOMOBILE**

GOVERNMENT VEHICLE

13. MILEAGE ALLOWANCE FOR TRAVEL BY PRIVATELY OWNED AUTOMOBILE RECOMMENDED AS INDICATED:.

GOVERNMENT ADVANTAGE RATE**

PERSONAL PREFERENCE: (if this block checked, also complete a & b below)

a. GOVERNMENT VEHICLE AVAILABLE

YES

NO

b. COMMON CARRIER FACILITIES AVAILABLE WITH REASONABLE SCHEDULE

YES

NO

14. EXCESS BAGGAGE AUTHORITY
REQUESTED:

15. APPROPRIATION AND PROJECT:

16. ESTIMATED COST:

17. SPECIAL PROVISIONS OR REMARKS:

SIGNATURE AND TITLE OF APPROVING OFFICER

SIGNATURE AND TITLE OF RECOMMENDING OFFICER