

Officer: \_\_\_\_\_

## TRAVEL REQUEST FORM

Travel is a privilege and not a right. You should be in compliance with all of your conditions and current with your financial payment obligations prior to requesting travel. Request must be turned in **two (2)** weeks in advance for all non-emergency travel. **\*\*Do not purchase non-refundable tickets prior to obtaining permission to travel.\*\***

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Approximate Cost of Trip: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_ Source of Funds: \_\_\_\_\_

**DESTINATION:** \_\_\_\_\_

*(Attraction, Event, Location of Interest)*

Purpose of Trip (Business or Leisure): \_\_\_\_\_

Persons you are Traveling With: \_\_\_\_\_

**ACCOMMODATIONS:** \_\_\_\_\_

*(Where you are staying overnight? Hotel Name, Family Member, etc.)*

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ County: \_\_\_\_\_

Reservation Name: \_\_\_\_\_ Reservation Number: \_\_\_\_\_

**MODE OF TRANSPORTATION: (Vehicle or Airline)**

**VEHICLE:**

**AIRLINE:**

Make and Model: \_\_\_\_\_ Name of Airline: \_\_\_\_\_

Year: \_\_\_\_\_ License Plate: \_\_\_\_\_ State: \_\_\_\_\_ Departure Flight Number: \_\_\_\_\_ Time: \_\_\_\_\_

Owner of Vehicle: \_\_\_\_\_ Return Flight Number: \_\_\_\_\_ Time: \_\_\_\_\_

Other Mode of Transportation: \_\_\_\_\_

*Specify: (Bus, Rental Car, etc.)*

**Outside Lab Name:** \_\_\_\_\_

*(Where you will take a drug test if you are scheduled for one while you are traveling.)*

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Did you call to verify they will have the testing and your gender on staff as required by your Court? \_\_\_\_ Yes \_\_\_\_ No

(All information on this form will be verified by Officer or Court)