

THIS FORM IS TO BE SUBMITTED AT LEAST 2 WEEKS PRIOR TO PROPOSED TRAVEL DATE TO: _____
 (Officer Name)

TRAVEL REQUEST FORM/APPLICATION FOR TRAVEL

Date:	Phone No:	
Name:	Departure Date:	
Address:	Return Date:	
City:	State:	Zip:
Purpose of Trip:		
Persons Traveling With (Name & Address)		
Persons to Visit (Name, Address, & Phone No.) or Place of Destination:		
Accommodations (will be verified); Name, Address, Area Code & Phone No:		
Mode of Transportation		
Vehicle		Airline (Attach copy of ticket or itinerary)
Year, Make & Model:		Name of Airline:
Color:		Departure Flight No. & Time:
License No:	State of Issuance:	Return Flight No. & Time:
Owner of Vehicle:		
Other mode of Transportation (specify):		
Fine/Rest/Dependent support payment \$ _____/mo. Current: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Approximate costs (travel, lodging, meals): \$ _____		
Signature: _____		

TO BE COMPLETED BY PROBATION OFFICER	
Delinquent Monthly Reports:	Has complied with scheduled appointments:
Approved by Counselor (if applicable):	
Fine/Rest/Dependent support payments current: Balance \$ _____ Monthly Payments: \$ _____	
Fully complied with previous travel requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Advance approval and/or contact with District to be visited required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any positive UAs during last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any other violations during last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No

Probation Officer Signature: _____

Comments