

TRAVEL REQUEST FORM

(Submit 10 Days in Advance of Travel)

DATE: _____

TO: U.S.P.O. _____

LEAVE ON: _____

RETURN ON: _____

DESTINATION: _____

TRAVELING WITH: _____

PURPOSE OF TRAVEL: _____

WILL BE STAYING WITH: (List person(s) you will be staying with and/or hotels, campgrounds, etc.)

NAME: _____

ADDRESS: _____
(List additional address on reverse).

PHONE: _____

DOES THIS PERSON(S) HAVE CRIMINAL HISTORY? Yes _____ No _____

IF BUSINESS RELATED:

NAME OF COMPANY: _____

ADDRESS: _____

PHONE: _____

HOW WILL YOU BE TRAVELING? (Provide vehicle color, make, model, license plate #, and/or flight or bus information).

ESTIMATED TOTAL COST: _____

PRINT NAME

SIGNATURE

FOR PROBATION USE ONLY:

Delinquent Monthly Reports: _____

Approved by Counselor: _____

Compliant with Scheduled Appointments: _____

Current on Fine/Restitution/Dependent Support Payments: _____

Complied with Previous Travel Permit Requirements: _____

Advance Approval/Contact with Destination District Required: _____

TRAVEL APPROVED _____ **TRAVEL DENIED** _____

U.S. PROBATION OFFICER

DATE