

TRAVEL REQUEST

Name of Traveler: _____ Title/Position: _____

Activity/**Purpose** of Travel: _____

Travel Dates: _____ Training/Conference Date(s): _____

PLACE of Departure: From _____ to _____

Mode of Travel: Government-Owned Vehicle (**GOV**) Privately-Owned Vehicle (**POV**)

Round Trip Estimate Number of Miles: _____

Air Fare Amount: _____ From AIRPORT: _____

Taxi/Shuttle Amount: _____

Lodging: (if you have a preference, please list hotel name and phone number)

Registration Fee Amt: _____ (fee paid before or after training/conference?)

Total Travel Cost: _____

TRAINING REQUEST (SF-182)

Registration/Tuition Amount: _____ Book Cost: _____ (vendor will bill school)

Training **Objective/Benefit**: _____

Name and Address of Vendor: _____

Location/Address of Training: _____

Accounting String/Cost Code: _____

Requester: _____ Supervisor: _____