



TRAVEL REQUEST FORM

To be submitted for approval of all travel costs occurring outside of the Commonwealth and exceeding \$300 or exceeding 300 miles from the grantee's or applicant's place of business.

BOTH SIDES OF THIS FORM MUST BE COMPLETED AND FORWARDED TO THE APPROPRIATE DEP REGIONAL OFFICE AT LEAST FOUR WEEKS PRIOR TO DEPARTURE.

-
- 1. MUNICIPALITY _____
 - 2. COUNTY _____
 - 3. PROGRAM # _____ -- _____ -- _____
 - 4. GRANT CONTRACT # _____
 - 5. CONTACT PERSON _____
 - 6. STREET/BOX # _____
 - CITY _____, PA ZIP _____
 - TELEPHONE # (____) _____ - _____
 - 7. DATE(S) OF TRAVEL _____

NAME(S) OF PERSONS TRAVELING

RELATION TO MUNICIPALITY

- 8. DESTINATION
FROM _____ TO _____
- MILES TO BE TRAVELED (ONE WAY) _____

- 9. METHOD OF TRANSPORTATION
(Check all that apply)

ESTIMATED COST

- Plane
- Railroad
- Municipal or Personal Vehicle
- Other (Specify)

Transportation	\$ _____
Lodging	\$ _____
Conference Fees	\$ _____
Miscellaneous	\$ _____
Other	\$ _____
TOTAL	\$ _____

10. PURPOSE (Explain in detail, attaching supporting documentation as appropriate)

FOR DEP USE ONLY

REGIONAL OFFICE

- Approved
- Disapproved

CENTRAL OFFICE (Exceeding \$300)

- Approved
- Disapproved

Regional Planning & Recycling Coordinator

Central Office Contact

Date

Date