

IDAHO INTERNET CRIMES AGAINST CHILDREN STATE UNIT

REQUEST FOR TRAVEL / TRAINING

(Please print on **tan** paper.)

Today's Date: _____ Prepared By: _____

Travel Desk Only	Date: _____	Initials: _____
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TRAVELER/DESTINATION INFORMATION

Traveler Name: _____ Position: _____ Work Phone # _____

Purpose/Case Name: _____

Destination: _____ Training/Conference Title: _____

Date departing for destination: _____ Time: _____ AM PM Return date: _____ Time: _____ AM PM

Is any part of this travel personal? Yes No If yes, please include details below. (Personal travel expenses are the responsibility of the traveler.)

Training requests should include a copy of the proposed agenda.

MODE OF TRANSPORTATION Any non-state employees traveling in a state car **must** sign a waiver.

Automobile Traveler's signature certifying valid driver's license: _____

Select vehicle: _____ Vehicle License #: _____

If you are taking a personal vehicle, please select reason: _____ State vehicle available? Yes No

Air Travel Other, please describe: _____

EXPENSE INFORMATION

Estimated Costs	Amount
Hotel/Motel	
Airline	
Per Diem	
Car Rental	
Mileage or Gasoline	
Registration Fee(s)	
Shuttle and/or Taxi Fee(s)**	
Parking**	
Other*:	
Other*:	
Total Estimated Costs	

Travel desk comments only:

Do you need an advance on your per diem? Yes No

ICAC Fund to be Charged:	(10129) ICAC Unit
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Additional notes or comments about this travel:

Division Chief

Date

Chief Deputy

Date