REQUEST FOR PERMISSION TO TRAVEL OUTSIDE DISTRICT OF COLORADO

TO BE SUBMITTED 3 WEEKS PRIOR TO TRAVEL (EMERGENCIES EXCEPTED)

NAME	ME OFFICER'S NAME:					
ADDRESS						
REQUEST FOR PERMISSION	TO TRAVEL TO	D:				
City		County			State	
REQUEST TO LEAVE ON		RETURN ON				
I WILL TRAVEL BY: Circle method of travel: Auto If by Automobile: Make			5	Bus		
Color	Register	ed to:				
by Air, Railway, or Bus: Carrier Flight or Other No						
PURPOSE OF TRAVEL:						
Name (person with whom I will stay)		Relationship		Prior Criminal Record?		
Street Address	City	State	Zip	Telephone-Day	Telephone-Eve	
ther persons I plan to contact:			Prior o	criminal record?		
ESTIMATED TOTAL COST? (	Travel/lodging	/food)				
SOURCE OF FUNDS TO PAY	BOVE COSTS	S?				
ANSWER THE FOLLOWING: 1. Are you current in fin 2. Do you have any per				o   □ N/A o   If yes, explain _		
Signature:				Date		
Approved USPO						