

CAUTION:

**IF YOU ARE USING A PUBLIC ACCESS
COMPUTER, (I.E., PUBLIC LIBRARY, ETC.)
BE CERTAIN YOU DRAG THIS FORM TO THE TRASH CAN
AND EMPTY THE TRASH WHEN FINISHED.**

**THIS WILL PREVENT UNAUTHORIZED
ACCESS TO PERSONAL INFORMATION SUCH AS
YOUR NAME, HOME ADDRESS, AND
SOCIAL SECURITY NUMBER.**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

REQUEST FOR APPROVAL OF TRAVEL EXPENDITURES FOR RESEARCH FELLOWS

TRAINING IN GOVERNMENT LABORATORIES

INSTRUCTIONS: Please use typewriter and return original and 2 copies to the PHS Awarding Component with appropriate signatures. Keep the last copy. After final travel, reimbursement will be allowed on the basis of current rates provided by the agency controlling the Federal laboratory to which the fellow is assigned. A proper voucher with appropriate receipts must be submitted.

NAME OF FELLOW <i>(Last, first, middle initial)</i>	FELLOWSHIP NUMBER
---	-------------------

TYPE OF TRAVEL *(Check one)*

- AIR*
 TRAIN
 PRIVATE AUTO
 OTHER *(Specify)*

*Less than first-class travel on U.S. carriers must be used when available.

NAME AND ADDRESS OF MEETING	TYPE OF EXPENSE	AMOUNT
	TRANSPORTATION <i>(Including taxi)</i>	\$
	PER DIEM	No. Days
DATES OF MEETING	REGISTRATION FEES	
FROM		
THROUGH		
DEPARTURE FROM	ESTIMATED TOTAL	
DATE		
RETURN TO		
DATE		

PURPOSE AND JUSTIFICATION

SIGNATURES

FELLOW	DATE	LABORATORY CHIEF	DATE
SPONSOR	DATE	PHS AWARDING COMPONENT OFFICIAL	DATE