

**UNITED STATES PROBATION OFFICE  
EASTERN DISTRICT OF VIRGINIA  
TRAVEL REQUEST FORM**

USPO NAME: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Destination: \_\_\_\_\_

Departure date: \_\_\_\_\_ Return date: \_\_\_\_\_

Purpose of trip: \_\_\_\_\_

Persons traveling with: \_\_\_\_\_

Cost of Trip: \_\_\_\_\_

Source of Funds: \_\_\_\_\_

**Accommodations (will be verified):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: (     ) \_\_\_\_\_

**Mode of transportation:**

**Vehicle:**

Make and model: \_\_\_\_\_ Tag number: \_\_\_\_\_

Owner(s) of vehicle: \_\_\_\_\_

**Airline:**

Name of airline: \_\_\_\_\_

Departure flight no. and time: \_\_\_\_\_

Return flight no. and time: \_\_\_\_\_

Other mode of transportation (specify): \_\_\_\_\_