

## NCAWPD INTERN TRAVEL REQUEST FORM

NCAWPD FAX ADDRESS ATTN: FAX # (717) 605-1980 PHONE (717) 605-	INTERN NAME: _____ COMMAND/CURRENT DUTY STATION: _____ PHONE: _____ FAX: _____
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**TO OBTAIN AUTHORIZATION:** OBTAIN APPROVAL SIGNATURE AND FAX TO NCAWPD AT LEAST 10 DAYS PRIOR TO TRAVEL. ALLOW 3 DAYS RESPONSE TIME. UPON RECEIPT OF AUTHORIZATION, CUT TRAVEL ORDERS AND OBTAIN ADVANCE IAW LOCAL PROCEDURES. FAX COPY OF DD1610 TO NCAWPD.

**TO AMEND PREVIOUS AUTHORIZATION:** ENTER 15-DIGIT TRAVEL ORDER NUMBER IN REMARKS AND STATE WHAT NEEDS TO BE REVISED. CHECK BLOCK #1 (AMEND) AND ENTER ONLY THOSE BLOCKS OF INFORMATION THAT WILL BE CHANGED. FAX TO NCAWPD.

**TO CANCEL AUTHORIZATION:** ENTER 15-DIGIT TRAVEL ORDER NUMBER IN REMARKS AND STATE REASON FOR CANCELLATION. COMPLETE BLOCK #8; ATTACH REQUIRED DOCUMENTS. FAX TO NCAWPD.

DATE: _____	ARE YOU CURRENTLY ON A ROTATIONAL ASSIGNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
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1. <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT <input type="checkbox"/> CANCEL	2. PURPOSE OF TRAVEL: _____
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3. <u>ITINERARY</u> CITY/STATE DEPART FROM: _____  DESTINATION: _____  AND RETURN.	4. <u>TRAVEL PLAN</u> DATE OF DEPARTURE _____ DATES OF BUSINESS _____ TO _____ DATE OF RETURN _____
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5. **LODGING** (BOQ/CONTRACT LODGING REQUIRED IF AVAILABLE. NO LODGING REIMBURSEMENT W/O NON-AVAILABILITY # ON DD1610).

**BOQ**  
 BOQ AVAILABLE YES OR NO, IF NO, PROVIDE NON-AVAILABILITY # \_\_\_\_\_  
 BOQ RESERVED; RATE PER DAY \$ \_\_\_\_\_  
 NO BOQ W/IN 25 MINUTE RADIUS \_\_\_\_\_

**COMMERCIAL LODGING**  
 HOTEL RATE PER DAY \$ \_\_\_\_\_

**OTHER**  
 STAYING W/FRIENDS/RELATIVES \_\_\_\_\_

6. TRANSPORTATION

**AUTOMOBILE** (POV OR RENTAL)  
 #MILES TO/FROM RESIDENCE TO DESTINATION \_\_\_\_\_

TOLLS TO/FROM RESIDENCE TO DESTINATION \$ \_\_\_\_\_

RENTAL CAR (ECONOMY SIZE) \$ \_\_\_\_\_

GAS FOR RENTAL CAR (ONLY) \$ \_\_\_\_\_

PARKING AT DESTINATION (PER DAY) \$ \_\_\_\_\_

LIST PASSENGERS IN RENTAL CAR  
 \_\_\_\_\_

7. GOVERNMENT VISA CARDHOLDER YES  NO   
 OBTAIN ADVANCE VIA ATM YES  NO

**COMMERCIAL** ROUND TRIP COST \$ \_\_\_\_\_  
 AIR  TRAIN  BUS

**TO/FROM RESIDENCE TO TERMINAL** \$ \_\_\_\_\_  
 SHUTTLE  TAXI  POV MILES \_\_\_\_\_ PARKING \_\_\_\_\_

**TO/FROM TERMINAL TO LODGING** \$ \_\_\_\_\_  
 SHUTTLE  TAXI

**OTHER:**

8. CANCELLATION

ORDERS ISSUED? YES  NO   
 ADVANCE OBTAINED? YES  NO   
 ATM WITHDRAWAL? YES  NO

FAX COPY OF CANCELLED ORDERS & VOUCHER FOR RETURN OF SETTLED ADVANCE. FOR AMEX AND/OR BANK FEES RELATED TO ATM WITHDRAWAL ON CANCELLED ORDERS, SUBMIT INTERN REQUEST TO OBTAIN REIMBURSEMENT FORM.

10. TOTALS: PER DIEM: \_\_\_\_\_  
 POV MILEAGE: \_\_\_\_\_  
 AIRFARE: \_\_\_\_\_  
 RENTAL CAR: \_\_\_\_\_  
 OTHER COSTS: \_\_\_\_\_

9. SUPERVISOR: \_\_\_\_\_  
(signature/date)

CAREER FIELD MANAGER OR  
 INTERN COUNSELOR \_\_\_\_\_  
(signature/date)

DATE FAXED TO NCAWPD: \_\_\_\_\_

NOTE: FAILURE TO PROVIDE PROOF OF TRAVEL OR TUITION SETTLEMENT WILL PREVENT FURTHER NCAWPD FUNDING.