

**IMPERIAL COUNTY BEHAVIORAL HEALTH
OUT-OF-COUNTY TRAVEL REQUEST**

DATE: _____

TO: Purchasing Department

FROM: _____

NAME OF TRAINING: _____

DATE: _____

LOCATION: _____

Lodging: Yes No Block cut-off date: _____

Registration: Yes No Cut-off date: _____

Airfare: Yes No Flight numbers: _____

Rental Car: Yes No

DEPARTURE DATE: _____ TIME: _____

RETURN DATE: _____ TIME: _____

STAFF ATTENDING:

ROLLER TO BE CHARGED:

(Program, Staff Alloc., or attach distribution)

(Lead staff)

SPECIAL REQUESTS FOR THIS TRAVEL: _____

REQUIRED DOCUMENTATION:

Attach at least one of the following:
flyer, brochure, agenda, or meeting information

Manager/Deputy's Signature
ICBHS 01.1.3-02

Director's Signature