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|  | OHIO DEPARTMENT OF PUBLIC SAFETYOHIO TRAFFIC SAFETY OFFICE**TRAVEL REQUEST** |  |
|  |
| NAME OF YOUR AGENCY      | GRANT #      |
| **TRAVEL** |
| LOCATION OF EVENT      | DATE EVENT STARTS      | DATE EVENT ENDS      |
| DESCRIPTION / PURPOSE OF EVENT      |
| Is item(s) in budget? [ ]  YES [ ]  NO |
| TRAVEL REGISTRATION AMOUNT**$**       | TRAVEL TRANSPORTATION AMOUNT**$**       |
| TRAVEL LODGING AMOUNT**$**       | TRAVEL PER DIEM AMOUNT**$**       |
|  | TOTAL COST**$**       |
| [ ]  I have read and submitted a current copy of our agency’s travel policy. |
|  |
| NAME       | E-MAIL ADDRESS      | DATE SUBMITTED      |
| **E-MAIL COMPLETED FORM TO YOUR ASSIGNED PLANNER** |
| **OTSO USE ONLY** |
| RPM REVIEWED      | DATE REVIEWED      | MANAGEMENT REVIEWED      | DATE REVIEWED      |
| APPROVED       DISAPPROVED       MODIFICATIONS REQUIRED        |
| NEEDED MODIFICATIONS      |
| IF DISAPPROVED, STATE REASON      |