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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | OHIO DEPARTMENT OF PUBLIC SAFETY  OHIO 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 | | | | | | | | |