

## Travel Requesting HHS Approval

Please type or print information clearly

All sections MUST be completed

### Traveler's Information

1. First Name	2. Last Name
3. Division (must select one) <input type="checkbox"/> Leidos-OD <input type="checkbox"/> CCR <input type="checkbox"/> DCTD <input type="checkbox"/> DCEG	4. Email
5. Telephone Number	
6. Destination:	
7. Start Date	8. End Date

### Event Information

9. Event	
10. Venue	11. Host
12. Link for event	13. Purpose (must select one) <input type="checkbox"/> Presenting <input type="checkbox"/> Speaking <input type="checkbox"/> Attending
14. Registration Fee:	
15. Remaining Travel Cost	
16. Sponsored Cost	
	17. Total Cost

18. Justification
19. Late Justification (required if submitted after HHS deadline)

### Submitted By Information

20. First Name	21. Last Name
22. Signature	23. Date
24. Email	25. Telephone Number

## Travel Requesting HHS Approval – Instructions

1. First name of traveler.
2. Last name of traveler.
3. Division of the traveler (must select one).
4. Email address of the traveler.
5. Telephone number of the traveler.
6. Travel destination.
7. Start date for travel.
8. End date for travel.
9. Name of the event.
10. Venue for the event.
11. Host of the event.
12. Internet link for the event.
13. Traveler's purpose for attending the event (i.e., presenting, speaking, attending) - must select one.
14. Registration fee.
15. Travel costs minus registration fee and sponsored costs.
16. Travel costs provided by the sponsor.
17. Total travel costs.
18. Justification for travel.
19. Justification for submittal after HHS deadline (must be completed if late).
20. First name of person submitting the travel request.
21. Last name of person submitting the travel request.
22. Signature of person submitting the travel request.
23. Date travel request completed.
24. Email address of person submitting the travel request.
25. Telephone number of person submitting the travel request.