

EXECUTIVE OFFICE FOR UNITED STATES ATTORNEYS, OFFICE OF LEGAL EDUCATION (OLE)

COMBINING OFFICIAL AND PERSONAL TRAVEL WORKSHEET



PLEASE COMPLETE THIS FORM AND EMAIL TO USANAC.authorizations-vouchers@usdoj.gov OR FAX TO (803) 705-5660

(USAOs/EOUSA submit locally to your Admin Office)

This form must be submitted no later than 3 weeks prior to the course start date

This form is intended for travelers requesting route deviation to destinations other than those necessary to conduct official business (e.g., to or from vacation, overnight layover). Approval is necessary prior to making reservations. Travelers should use the lowest cost ticket for the cost comparison. Please include this worksheet and airfare screenshots (if available) along with your Travel Authorization Form to avoid any processing delays. If any questions, please reference the Combining Official and Personal Travel policy at http://www.justice.gov/usao/training/attendeeinfo/combiningofficialandpersonaltravel.pdf.

Traveler Name								0	rganiz	zation						
E-Mail Address								P	hone l	Numbei	r					
Course Name								Course Dates								
I	Reason for Deviation:															
ITINERARY 1 (Official Travel)								ITINERARY 2 (Deviation Request)								
Primary Mode of Transportation (Enter only one)								Primary Mode of Transportation (Enter only one)								
Trip Start Date			Trip End Date			Trip St		t Date			Trip End Date					
Total Trip Cost (Enter only relevant costs):							Total Trip Cost (Enter only relevant costs):									
	Trans	Transportation Costs						Transportation Costs								
	1	Ticket / Fare	e Price				1 Ticket / Fare Price									
	2	Booking Fee			+		2 Booking Fee						+			
	3	Mileage (miles (miles @ \$ per mile)				3		ileage miles @ \$ per mile)			r mile)	+			
	4	Parking				+			arking				+			
	5	Taxi / Shuttl	e		+	5 Taxi / Shuttle						+				
	Other Costs						Other Costs									
	6 Other 1:				+			6 Other 1:					+			
	7	Other 2:	ther 2:			+		Othe	ther 2:				+			
	Total Cost Estimate (Sum of all lines above)						Total Cost Estimate (Sum of all lines above									
By signing below, traveler acknowledges that this form does not constitute leave approval and leave requests must be coordinated with their supervisor.																
7	Traveler's Signature										Date					
Supervisor's Signature											Date					
	Appi	/USAO/EOUSA oving Official Signature	's	Approved:							Date					
Signature			Disa	pproved:							Date					
Comments:																