TRAVEL REQUEST FORM

To be submitted for approval of all travel costs occurring outside of the Commonwealth and exceeding $300 or exceeding 300 miles from the grantee’s or applicant’s place of business.

BOTH SIDES OF THIS FORM MUST BE COMPLETED AND FORWARDED TO THE APPROPRIATE DEP REGIONAL OFFICE AT LEAST FOUR WEEKS PRIOR TO DEPARTURE.

1. MUNICIPALITY ___________________________  2. COUNTY ___________________________

3. PROGRAM # _____ -- _____ -- _____  4. GRANT CONTRACT # ___________________________

5. CONTACT PERSON __________________________________________________________

6. STREET/BOX # ________________________________________________________________
   CITY _____________________________, PA ZIP ____________________________
   TELEPHONE # (___) —________

7. DATE(S) OF TRAVEL __________________________

   NAME(S) OF PERSONS TRAVELING                                         RELATION TO MUNICIPALITY

8. DESTINATION
   FROM ___________________________ TO ___________________________
   MILES TO BE TRAVELED (ONE WAY) __________________________

9. METHOD OF TRANSPORTATION
   (Check all that apply)
   □ Plane
   □ Railroad
   □ Municipal or Personal Vehicle
   □ Other (Specify)
   ESTIMATED COST
   Transportation $________
   Lodging $________
   Conference Fees $________
   Miscellaneous $________
   Other $________
   TOTAL $________
10. PURPOSE (Explain in detail, attaching supporting documentation as appropriate)

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<td><strong>REGIONAL OFFICE</strong></td>
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______________________________  ________________________________
Regional Planning & Recycling Coordinator  Central Office Contact

________________________  ____________________________
Date  Date