UNITED STATES PROBATION AND PRETRIAL SERVICES OFFICE DISTRICT OF KANSAS

REQUEST FOR PERMISSION TO TRAVEL

(TO BE SENT AT LEAST 14 DAYS IN ADVANCE FOR DOMESTIC TRAVEL OR 60 DAYS FOR INTERNATIONAL TRAVEL)

DATE OF REQUEST:	OFFICER: _		
NAME:			
I WILL BE TRAVELING TO:			
DATE LEAVING:			
DATE RETURNING:			
PURPOSE OF			
TRIP:			
I WILL BE TRAVELING			
WITH:			
I WILL BE TRAVELING VIA: (car, truck, o			
YEAR, MODEL, AND COLOR OF VE	HICLE:		
LICENSE PLATE NUMBER:			
NAME OF AIRLINE:			
FLIGHT INFORMATION:			
HOTEL ACCOMMODATIONS:			
Submit r	equests to your assigned lo	ocation:	
U.S. Probation Office 500 State Avenue, M35 Kansas City, Kansas 66101 Fax: 913-735-2401	U.S. Probation Office 444 SE Quincy, Room 375 Topeka, Kansas 66683 Fax: 785-338-5601	U.S. Probation Office 401 North Market, 3rd floor Wichita, Kansas 67202 Fax: 316-315-4401	
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FC	OR PROBATION OFFICE US	SE ONLY	
Approved Office	cer Signature		
Denied Date	e		