

**UNITED STATES PROBATION AND PRETRIAL SERVICES OFFICE
DISTRICT OF KANSAS**

REQUEST FOR PERMISSION TO TRAVEL
(TO BE SUBMITTED AT LEAST TWO WEEKS IN ADVANCE)

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, commercial airline, etc.)

YEAR, MODEL, AND COLOR OF VEHICLE: _____

LICENSE PLATE NUMBER: _____

NAME OF AIRLINE: _____

FLIGHT INFORMATION: _____

I WILL BE STAYING AT:

NAME/ADDRESS/PHONE NUMBER OF PERSON(S): _____

HOTEL ACCOMMODATIONS: _____

Submit requests to your assigned location:

<i>U.S. Probation Office 500 State Avenue, M35 Kansas City, Kansas 66101 Fax: 913-735-2401</i>	<i>U.S. Probation Office 444 SE Quincy, Room 375 Topeka, Kansas 66683 Fax: 785-338-5601</i>	<i>U.S. Probation Office 401 North Market, 3rd floor Wichita, Kansas 67202 Fax: 316-315-4401</i>
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FOR PROBATION OFFICE USE ONLY

Approved Officer Signature _____

Denied Date _____