



**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 | | Organization | |
| E-Mail Address | | Phone Number | |
| Course Name | | Course Dates | |

Reason for Deviation:

| <u>ITINERARY 1 (Official Travel)</u> | | | | <u>ITINERARY 2 (Deviation Request)</u> | | | |
|---|---|----------------------|--|---|---|----------------------|--|
| Primary Mode of Transportation <i>(Enter only one)</i> | | | | Primary Mode of Transportation <i>(Enter only one)</i> | | | |
| Trip Start Date | | Trip End Date | | Trip Start Date | | Trip End Date | |
| Total Trip Cost <i>(Enter only relevant costs):</i> | | | | Total Trip Cost <i>(Enter only relevant costs):</i> | | | |
| Transportation Costs | | | | Transportation Costs | | | |
| 1 | Ticket / Fare Price | | | 1 | Ticket / Fare Price | | |
| 2 | Booking Fee | + | | 2 | Booking Fee | + | |
| 3 | Mileage (___ miles @ \$ _____ per mile) | + | | 3 | Mileage (___ miles @ \$ _____ per mile) | + | |
| 4 | Parking | + | | 4 | Parking | + | |
| 5 | Taxi / Shuttle | + | | 5 | Taxi / Shuttle | + | |
| Other Costs | | | | Other Costs | | | |
| 6 | Other 1: _____ | + | | 6 | Other 1: _____ | + | |
| 7 | Other 2: _____ | + | | 7 | Other 2: _____ | + | |
| Total Cost Estimate <i>(Sum of all lines above)</i> | | | | Total Cost Estimate <i>(Sum of all lines above)</i> | | | |

By signing below, traveler acknowledges that this form does not constitute leave approval and leave requests must be coordinated with their supervisor.

Traveler's Signature _____ *Date* _____

Supervisor's Signature _____ *Date* _____

OLE/USAO/EOUSA Approving Official's Signature *Approved:* _____ *Date* _____
Disapproved: _____ *Date* _____

Comments: