**Washington State**

**Office of Civil Legal Aid**

**Children’s Representation Program**

**Out-of-State Travel Request and Authorization**

|  |  |
| --- | --- |
| Traveler’s Name | Telephone No. |
| Work Location |
| Destination (city and state) |
| Date and Time/Location of Departure | Date and Time of Return |
| Purpose of Travel  |
|  |
|  |

|  |
| --- |
| **Estimated Expenditures** |
| Transportation – Commercial Airline | $ |
| Transportation – Rental Vehicle | $ |
| Transportation – Personally Owned Vehicle (mileage) | $ |
| Meals | $ |
| Lodging | $ |
| Other Expenses | $ |
| **TOTAL** | $ |

I certify that this travel is necessary in order to provide standards-based representation for my client consistent with RCW 13.34.100(6)(c)(i).

|  |  |
| --- | --- |
| **Required Signatures** |  |
| Signature of Traveler | Date |

|  |  |  |
| --- | --- | --- |
| 🞎 Approved🞎 Not Approved | CRP Manager’s Signature | Date |
| Additional Information/Remarks  |
|   |
|   |