**Washington State**

**Office of Civil Legal Aid**

**Children’s Representation Program**

**Travel Request and Authorization**

**Instructions:** Fill in the following fields with your travel information and cost estimates, then send to the Program Manager for approval ([crp@ocla.wa.gov](mailto:crp@ocla.wa.gov)) with [support@ocla.wa.gov](mailto:support@ocla.wa.gov) cc’d.

Please ensure that lodging and meal estimates are based on the appropriate per diem rate table: [U.S. General Services Administration](https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-results/?fiscal_year=2023&state=UT&perdiemSearchVO_city=Ogden&action=perdiems_report&zip=&op=Find+Rates&form_build_id=form-RjpttLy2xyBxQJVp6nXox1iPDGU0XbmGt5UO3SqPiqU&form_id=perdiem_form) for out-of-state travel and the [Washington State Per Diem Rate Map](https://ofm.wa.gov/sites/default/files/public/resources/travel/colormap.pdf) for in-state travel. For overnight travel assignments, the IRS requires that meals and lodging be reimbursed at the rate in effect for the area that the traveler stops to sleep. If no overnight travel is incurred, the traveler must be in travel status for at least 11 hours of the claimed travel day, and the meal per diem rate is based on the traveler’s final destination before returning home.

An incomplete form may delay processing or authorization. Do not include confidential client information in this form or in any communications with OCLA staff. Please direct any questions you have about this form to [crp@ocla.wa.gov](mailto:crp@ocla.wa.gov).

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| --- | --- |
| 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 | |
| Client ID # | Case Type  Legally Free  RTC |

|  |  |
| --- | --- |
| **Estimated Expenditures** | |
| Transportation – Commercial Airline | $ |
| Transportation – Rental Vehicle, Ride Share, Transit, Taxi | $ |
| Transportation – Personally Owned Vehicle (mileage) | $ |
| Meal Total Estimate: | $ |
| Lodging Total Estimate: | $ |
| Other Expenses | $ |
| **GRAND TOTAL** | $ |

I certify that this travel is necessary in order to provide standards-based representation for my client consistent with RCW 13.34.212. I certify that the cost estimates for lodging and meals provided above are based on current per diem rates established by the [U.S. General Services Administration](https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-results/?fiscal_year=2023&state=UT&perdiemSearchVO_city=Ogden&action=perdiems_report&zip=&op=Find+Rates&form_build_id=form-RjpttLy2xyBxQJVp6nXox1iPDGU0XbmGt5UO3SqPiqU&form_id=perdiem_form) for out-of-state travel or current per diem rates established by the [Washington State Per Diem Rate Map](https://ofm.wa.gov/sites/default/files/public/resources/travel/colormap.pdf) for in-state travel. I certify that I have selected the most economical flights and ground transportation available which accommodate my overall scheduling constraints and which comply with the CRP’s [Travel Reimbursement Policy](https://ocla.wa.gov/wp-content/uploads/2023/01/Travel-Reimbursement-Policy-Rev-2-1-2023-1.pdf).

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

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