

**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](#) for out-of-state travel and the [Washington State Per Diem Rate Map](#) 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).

<b>Last Name:</b>	<b>First Name:</b>	<b>Telephone:</b>	<b>Client ID:</b>	<b>Case Type:</b>
			1. _____	LF      1219
			2. _____	LF      1219
			3. _____	LF      1219
<b>Destination City/State:</b>	<b>Departure Date:</b> <b>Departure Time:</b>	<b>Return Date:</b> <b>Return Time:</b>	<b>Total Days:</b>	
<b>Purpose of Travel:</b>				

**Estimated Cost of Travel**

<b>Airfare</b>	Airline:
Departing Date/Time:	Ticket Price:
Returning Date/Time:	

<b>Hotel</b>	Price per night:
Arrival Date:	Number of nights:
Departure Date:	Internet Fees:
Parking Fees:	Total for stay:

<b>Car Rental</b>	Price per day:
Pick Up Date/Time:	Number of days:
Return Date/Time:	Total for rental:

<b>Personal Vehicle Use</b>	Toll Fees:
Number of miles traveled:	Cost of total mileage:
Parking Fees:	Total personal vehicle travel cost:

<b>Ride Share/Taxi/Transit</b>	
Ride Share:	Total Cost:
Taxi:	Total Cost:
Public Transit:	Total Cost:

<b>Meal(s)</b>	Example: <i>Breakfast = 2, Lunch = 5 etc.</i>
Breakfast (per diem \$ _____)	How many meal events:
Lunch (per diem \$ _____)	How many meal events:
Dinner (per diem \$ _____)	How many meal events:
	Total cost of all meal events:

<b>Expenses Grand Total</b>	\$ _____
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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](#) for out-of-state travel or current per diem rates established by the [Washington State Per Diem Rate Map](#) 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](#).

<b>Required</b>	
_____	_____
Printed name	Signature
Date: _____	Date: _____

- Approved  
 Not Approved

Additional remarks/comments:

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