**Travel Request and Authorization Form**

*Fill in the following fields with your travel information and cost estimates. Once completed, please send this form to your designated Managing Attorney for review.*

*Please review the Travel Reimbursement Policy, available on OCLA’s website* [*here*](https://ocla.wa.gov/policies-and-procedures/), *before continuing with this form, an incomplete or insufficient submissions may result in a delay or denial of expert approval. All lodging and meal estimates must use the appropriate per diem rate table, 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 and the* [*Washington State Per Diem Rate Map*](https://ofm.wa.gov/sites/default/files/public/resources/travel/colormap.pdf) *for in-state travel. Please direct any questions you have about this form to your Managing Attorney.*

**Section A**

**General Information**

First & Last name:

Telephone: Email:

Client ID: Case Type: [ ]  Legally Free [ ]  1219

Client ID: Case Type: [ ]  Legally Free [ ]  1219

Client ID: Case Type: [ ]  Legally Free [ ]  1219

Destination City & State:

Departure Date & Time: Return Date & Time:

Purpose of Travel:

**Section B**

**Lodging**

Per Diem Rate $

Actual Rate Per Night (without tax) $

If the actual rate is above per diem rates, I attest that a per diem rate is unavailable and that the savings achieved from occupying less expensive lodging at a more distant site is consumed by the increase in transportation or other costs.

Number of Nights $

Total of **Section B**  $

**Section C**

**Meals**

 Per Diem Rate Number of Eligible Meals Total Cost

Breakfast $ $

Lunch $ $

Dinner $ $

Total of **Section C**  $

**Section D**

**Transportation Costs**

**a. Personal Vehicle Use**

Total Anticipated Cost(Total Miles x IRS Rate) $

**OR**

**b. Air Travel**

**Airfare**  $

**Personal Vehicle Use** $

 **Car Rental** $

 **Other Transit** (Ride Share/Taxi) $

 **Parking Fees** $

Total Anticipated Cost(Airfare, Car Rental, Other Transit, & Parking Fees) $

Total of **Section D**  $

**Travel Request and Authorization**

Total of **Section B**  $

Total of **Section C**  $

Total of **Section D** (If applicable) $

**Total Travel Request Amount:** $

Additional remarks/comments:

By typing my name in the signature box below, I certify that the above request is necessary to provide standards-based representation for my client and based on current per diem rates.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Attorney Date