



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

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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