

UTAH LEGAL SERVICES, INC.
TRAINING & TRAVEL REQUEST FORM

DATE _____ NAME _____ BAR # _____
OFFICE _____ CLE HOURS EARNED TO DATE _____ CLE REPORT DUE _____
BRIEF DESCRIPTION OF CONFERENCE/TASK (ATTACH BROCHURE) _____

DATES OF CONFERENCE/TRAVEL FROM ___ / ___ / ___ TO ___ / ___ / ___ PLACE _____
CLIENT NAME (IF CLIENT RELATED) _____ CASE NO. _____
PROB. CODE _____ FUNDING SOURCE _____

EXPENSE ALLOCATION: \$ OR % ULS PAYS _____ LSC PAYS _____ PARTICIPANT PAYS _____ TIME ALLOCATION (BF, PAI, ETC.) _____ % TO _____ CATEGORY _____ % TO _____ CATEGORY	ESTIMATED COSTS: AIR FARE/MILEAGE _____ LODGING _____ # days _____ X rate _____ = _____ PER DIEM (\$24/\$36) _____ # days _____ X rate _____ = _____ REGISTRATION FEE _____ OTHER _____ TOTAL ESTIMATED COST _____
--	--

CONFERENCES/TRAINING ATTENDED THE LAST 12 MONTHS _____

A travel expense claim must be submitted to the State Support office immediately upon return. A training summary must also be submitted.

TRAVELER/TRAINEE'S SIGNATURE _____

DATE ___ / ___ / ___ APPROVES _____ DENIES _____

SUPERVISOR/MANAGER'S SIGNATURE _____

REASON _____

DATE ___ / ___ / ___ APPROVES _____ DENIES _____

EX DIR/DEPUTY DIR/DIR OF PERSONNEL'S SIGNATURE _____

REASON _____

DATE ___ / ___ / ___ APPROVES _____ DENIES _____

TRP'S SIGNATURE _____

COMMENTS _____

IF YOU NEED A TRAVEL ADVANCE, PLEASE SUBMIT A DISBURSEMENT AUTHORIZATION IMMEDIATELY TO THE STATE SUPPORT OFFICE.