

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM
REQUEST FOR EXTERN TRAVEL REIMBURSEMENT**

Travel expenses are paid according to Travel and Transportation Allowances in the Joint Travel Regulations and Federal Travel Regulations.

RECIPIENT'S NAME		SOCIAL SECURITY NUMBER	
ADDRESS		PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>	
CAREER CATEGORY	IHS AREA OFFICE	EMAIL ADDRESS	

BELOW IS ESTIMATED EXPENSE OF PROPOSED TRAVEL

PURPOSE OF TRAVEL: _____

DATES OF TRAVEL: _____

TRAVEL DESTINATION: FROM _____
TO _____

MILES (by car): _____

TRAVEL DAYS: _____

AIRFARE (coach only): _____

COMMENTS: _____

SIGNATURE	DATE
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Return the completed form to the Area Scholarship Coordinator at the IHS Area Office
where you are requesting your extern assignment (Visit www.scholarship.ihs.gov for the most up-to-date contact information.)

Reviewed (IHS use only): _____
Extern Coordinator, Branch Chief or Designee

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 6 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Indian Health Service, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.
