

**UNITED STATES DISTRICT COURT
OFFICE OF THE PROBATION OFFICER
DISTRICT OF RHODE ISLAND**

2 Exchange Terrace - 3rd Floor
Providence, RI 02903
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JOHN G. MARSHALL
Chief Probation Officer



TRAVEL REQUEST/AUTHORIZATION FORM

Date: _____
Name: _____
Address: _____
Phone No. _____
Destination: _____
Departure Date: _____
Return Date: _____
Purpose of Trip: _____
Persons Accompanying: _____

Accommodations (will be verified):

Name: _____
Address: _____
Phone Number: _____

Mode of Transportation:

Vehicle: Make & Model: _____
 Plate Number: _____
 Owner: _____

Airline/Rail/Bus:

Carrier Name: _____
Departure No. & Time: _____
Return No. & Time: _____

Other Mode of Transportation (specify type, date, time & excursion no.): _____

(Please submit all travel requests two weeks in advance so that plans can be investigated)