



Pre-Travel Authorization Request

- 1. NAME OF TRAVELER: Wonderful Advocate
- 2. TRAVEL DATES: May 15 to May 17, 2019
- 3. DESTINATION: (If multiple, include all locations to be visited) Phoenix, AZ
- 4. BACKGROUND: (Provide situational context to set the stage for why you are traveling to each particular location to include issue/discussion as necessary) To visit my SM who is undergoing treatment at the VA hospital.
- 5. OBJECTIVES: (Provide your defined vision on what you expect to accomplish; include specific tasks you seek to execute or determined personnel you will meet and why)
Obtain stated issue resolution or information germane to RSM/family member CRP
- 6. AGENDA:
 - a. May 15 – Travel day
 - b. May 16 – meet with RSM and provider team at VA
 - c. May 17 – Travel day
- 7. ESTIMATED TOTAL COST:

Transportation	\$500
Lodging	\$200
Rental Vehicle	\$60
M&IE	\$120
Misc.	
Estimated total trip cost:	\$880

PM Approval: _____ Date: _____

COR Approval: _____ Date: _____