## UNITED STATES DISTRICT COURT WESTERN DISTRICT OF NEW YORK PROBATION OFFICE

Buffalo Office: Robert H. Jackson U.S. Courthouse 2 Niagara Square Buffalo, NY 14202 (716) 551-4241 Rochester Office:
Federal Building Room 1200
100 State Street
Rochester, New York 14614
(585) 263-6810

## TRAVEL REQUEST/AUTHORIZATION FORM

Date:	
Name:	
Address:	
Phone Numbe	r:
Destination:	
Departure Dat	e:
Return Date:	
Purpose of Tri	
Persons Trave	el With (include names):
<u>Accommodati</u>	ons (will be verified): (If staying in hotel, please give name and reservation # the room is in.)
Name:	
Address	
Phone Numbe	r: area code ( )
Mode of Transportation:	
Vehicle:	Make, Model and Color:
	Tag Number:
Owner of Vehicle:	
Airline:	Name of Airline:
	Departure Flight No. and Time:_
	Return Flight No. and Time:
Other Mode o	f Transportation (specify):
AUTHORIZATION	
☐ Approved	l as detailed above
SPECIAL INSTRUCTION: (INCLUDE REQUIREMENTS OF CRIMINAL REGISTRATION ORDINANCE IN TRAVEL AREA. ALSO INCLUDE INSTRUCTIONS FOR REPORTING IN DESTINATION DISTRICT.)	
	Y CONTACT WITH LAW ENFORCEMENT TO YOUR U.S. PROBATION OFFICER. OUR PROBATION OFFICER WITHIN 24 HOURS OF YOUR RETURN.
COPY MAI	ILED TO CHIEF PROBATION OFFICER IN DISTRICT OF DESTINATION