REQUEST FOR PERMISSION TO TRAVEL OUTSIDE DISTRICT OF SOUTH CAROLINA

TO BE SUBMITTED 3 WEEKS PRIOR TO TRAVEL (EMERGENCIES PERMITTED)

NAME _____ **OFFICER'S NAME** _____

ADDRESS _____

REQUEST FOR PERMISSION TO TRAVEL TO

_____ _____ _____

CITY **COUNTY** **STATE**

REQUEST TO LEAVE _____ **RETURN ON** _____

I WILL TRAVEL BY **Circle method of travel: Automobile Air Railway Bus**

If by Automobile

Make _____ Model _____ Lic. No. _____

Color _____ Registered to _____

If by Air, Railway or Bus

Carrier _____ Flight or Other No. _____

PURPOSE OF TRAVEL _____

Name, Address and Telephone Number of Person with Whom You Will Be Staying

(If hotel/motel, provide that information)

_____ _____ _____

Name (person with whom I will stay) **Relationship** **Prior Criminal Record**

_____

Street Address **City** **State** **Zip** **Telephone - Day** **Telephone - Eve**

Other persons I plan to contact **Prior Criminal Record?**

_____ _____

_____ _____

ESTIMATED TOTAL COST? (Travel/lodging/food) _____

ANSWER THE FOLLOWING

1. Are you current in fine/restitution payments? ☐ Yes ☐ No ☐ N/A
2. Do you have any pending charges? ☐ Yes ☐ No

If yes, explain _____

Signature _____ **Date** _____

Approved USPO _____ **Date** _____