REHABILITATION DIVISION

BUREAU OF DISABILITY ADJUDICATION



Joe LombardoGovernor

DRAZEN ELEZAdministrator

JANA VAUGHN
Deputy Administrator

BDA Travel Form

Traveler Information

Traveler's Name:						
Departing Addr	ess:					
Destination Address:						
Departure Date/Time		Day:			Time:	
Return Date/Time		Day:			Time:	
Traveler Signature			Print Name		Date	
Agency Pre-Travel Approval:						
Signature			Print Name/Title		Date	
Trip Expenses						
Lodging	Total N	ights	Total Paid	Receipt submission required.		
Louging	1 Otal IN	igitis	Total Laid	Receipt submission required.		
Mileage	Total Mi	les		Mileage is calculated from current business address to		
				address	vhere exams are performed.	
Incidentals Total Paid			Examples: Public Transportation, Railroad, Shuttle,			
incidentals	Total Pa	ıa		etc.	es. 1 uone 1ransportanon, Kanroaa, Shume,	
					eic.	
				l .		
Traveler Signature		Print Name		Date		
_						
Agency Travel Expenses Approval:						
. ·	•					
Signature		Print Name/Title		Date		
~-5						