



WASHOE COUNTY
Department of Alternative Sentencing
and
Sober 24 Testing Center



REQUEST FOR PERMISSION TRAVEL

Date: _____ Participant: _____

I am requesting to travel to _____

for the purpose of _____

I plan to leave on _____ at _____ am or pm
Date Time

and will return on _____ at _____ am or pm
Date Time

Method of Transportation: Driving
 Flying
 Other: _____

Proof of travel (such as an airline itinerary or obituary) provided: Yes or No

I understand that it is my responsibility to provide proof of travel upon my return. This can include airline tickets, receipts for meals, fuel, or hotels, or any other proof of travel.

Signature of Participant

Date

OFFICE USE ONLY

Approved or Denied by: _____ on _____.

Contact entered in Scotia for date of return

ToxAccess exclusion dates entered