

Department of Health and Mental Hygiene

Individual Travel Exception Report

Cover Sheet

Name of DHMH Agency: _____

Reporting Period: Jan 1 – June 30

July 1 – Dec 31

Complete and sign either Section A or Section B, whichever applies

SECTION A:

I certify that this agency had no travel exceptions during the above noted reporting period

Name/Title of Individual Preparing Report: _____

Email of Individual Preparing Report: _____

Telephone No. of Individual Preparing Report: _____

SECTION B:

I certify that this agency had only the attached travel exceptions during the above noted reporting period

Name/Title of Individual Preparing Report: _____

Email of Individual Preparing Report: _____

Telephone No. of Individual Preparing Report: _____

Department of Health and Mental Hygiene

Individual Travel Exception Report

Name of DHMH Agency: _____

Name of Travel Applicant: _____

Email of Travel Applicant: _____

Phone # of Travel Applicant: _____

Travel Destination: _____ Travel Purpose: _____

Date of Travel: _____ Cost of Travel: _____

Reason for not booking airline, railway, ship or car rental through the DHMH Travel Reservation Unit in accordance with DHMH Policy 02.02.10: _____

I hereby request reimbursement of the above costs: _____

Travel Applicant's Signature

Date

Authorized Approvals:

Supervisor: _____

Director or Local Health Officer: _____

Deputy Secretary or Designee: _____

Fiscal Officer: _____

Out-of Country Travel

Approved: _____ Date: _____

Secretary of Budget and Management

(To be reimbursed, attach approved original DHMH4743B form plus 1 copy to Expense Report)