RE-1 Employee Pre-Travel Authorization

Pre-Travel Filing Instructions: Complete and submit this form at least 30 days prior to the travel departure date to the **Select Committee on Ethics in SH-220.** Incomplete and late travel submissions will **not** be considered or approved.

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| Name of Traveler: | Employing Office/Committee: |
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| Private Sponsor(s): | Destination(s): |
| | |
| Travel Dates: | |
| NOTE: If you plan to extend the trip for any reason you must notify the | Committee. |
| Explain how this trip is specifically connected to | the traveler's official or representational duties. |
| | |
| | |
| Do you have an accompanying family member or spouse o | n this trip? Name and Relationship to Traveler: |
| (signify "yes" by checking box) | |
| I and the state of | |
| I certify that the information contained in this form is true, compl | lete and correct to the best of my knowledge. |
| | |
| | |
| Date | Signature of Employee |
| | |
| TO BE COMPLETED BY SUP | Signature of Employee ERVISING MEMBER/OFFICER ry of the Senate, Sergeant at Arms, |
| TO BE COMPLETED BY SUP (President of the Senate, Secretar | ERVISING MEMBER/OFFICER |
| TO BE COMPLETED BY SUP (President of the Senate, Secretar | ERVISING MEMBER/OFFICER ry of the Senate, Sergeant at Arms, |
| TO BE COMPLETED BY SUP (President of the Senate, Secretar | ERVISING MEMBER/OFFICER ry of the Senate, Sergeant at Arms, tary for the Minority, and Chaplain) |
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