

PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM

IHS-856-17 (Rev. 2/08)

REQUEST FOR EXTERN TRAVEL REIMBURSEMENT

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 2/28/2011

*See Estimated Average Burden Time
per Response on Reverse Side*

Travel expenses are paid according to Travel and Transportation Allowances in the Joint Travel Regulations and Federal Travel Regulations.

EXTERN APPLICANT'S NAME	HEALTH DISCIPLINE
SOCIAL SECURITY NUMBER	NAME OF EDUCATIONAL INSTITUTION
AREA CODE AND TELEPHONE NUMBER	EMAIL ADDRESS

BELOW IS ESTIMATED EXPENSE OF PROPOSED TRAVEL

PURPOSE OF TRAVEL: _____

DATES OF TRAVEL: _____

LOCATION OF TRAVEL: From _____
To _____

NUMBER OF AUTO MILES: _____

NUMBER OF DAYS: _____

COACH AIR FARE: _____

COMMENTS: _____

EXTERN APPLICANT'S SIGNATURE	DATE
EXTERN'S SUPERVISOR or BRANCH CHIEF SIGNATURE	DATE

*Please return the completed IHS-856-17 form to the SCHOLARSHIP COORDINATOR FOR
YOUR IHS AREA (see Section G Contact Information of the Student Handbook).*

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ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 6 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Indian Health Service, OPHS/DHPS/Scholarships Branch, 801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852, RE: PRA 0917-0006.