

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
REQUEST FOR EXTERN TRAVEL REIMBURSEMENT**

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

|                  |                |             |      |
|------------------|----------------|-------------|------|
| RECIPIENT'S NAME | DEGREE PROGRAM |             |      |
| ADDRESS          |                | PHONE: CELL | HOME |
| IHS AREA OFFICE  | EMAIL ADDRESS  |             |      |

**BELOW IS AN ESTIMATED EXPENSE OF PROPOSED TRAVEL**

PURPOSE OF TRAVEL: \_\_\_\_\_

DATES OF TRAVEL: \_\_\_\_\_

TRAVEL DESTINATION: FROM \_\_\_\_\_  
TO \_\_\_\_\_

MILES (by car): \_\_\_\_\_

TRAVEL DAYS: \_\_\_\_\_

AIRFARE (coach only): \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submit this form to the Area Scholarship Coordinator serving the IHS Area office where your externship site is located.  
Visit [ihs.gov/scholarship](https://ihs.gov/scholarship) for up-to-date contact information.

|           |      |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

**Reviewed (IHS use only):** \_\_\_\_\_  
Extern Coordinator, Branch Chief or Designee

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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, Scholarship Program, 5600 Fishers Lane, Mail Stop: OHR (11E53A), Rockville, MD 20857.

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