Indian Health Service HQ Division of Oral Health

January 1, 2019

Date Externship Starts: \_\_\_\_XX/XX/2019\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Externship Ends:\_\_\_\_\_\_XX/XX/2019\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Primary Travelers Information | Hotel Information (if hotel is required) |
| |  |  | | --- | --- | | \*Traveler’s First, Middle, Last Names & Name of Dental School | [Customer Name] [Company] | |  |  | | \*Home Address | [Address] [City, ST ZIP Code] | | Cell Phone | [Telephone] | | |  |  | | --- | --- | | Hotel Name | [Recipient Name] [Company] | | Address | [Address] [City, ST ZIP Code] | | Phone | [Telephone] | |
| |  |  | | --- | --- | | Hotel Arrival Date | [Select Date] | | Name of traveler(s) you are sharing hotel room | Name | | Daily Rate and Tax Rate | [Terms] | | |  |  | | --- | --- | | Hotel Departure Date | [Select Date] | |  |  | | Confirmation Number | Number | |

**\*=Must be exactly as listed on the government issued ID you would present to TSA at an airport**

| Date of Birth/Gender | Social Security# | Traveler’s E-Mail Address | Name of Bank and is it checking or a savings account | Bank 9-digit Routing Number | Bank Account number |
| --- | --- | --- | --- | --- | --- |
| XX/XX/XXXX  Male or Female | XXX-XX-XXXX | XXXXXX@XXX.XXX | Name of Bank/checking or savings? | xxxxxxxxx | xxxxxxxxxxxxxx |
|  |  |  |  |  |  |

In addition to the information above, complete items #1 and #2 listed below and page 2 of this document and mail (USPS) them with this form ASAP to the address below:

#1.) <https://www.irs.gov/pub/irs-pdf/fw9.pdf> (\*\*\*download, sign and date it\*\*\*)

#2.) Voided Check/account you want us to deposit post-travel reimbursement

You must stay within the $2,000 budget per traveler. We do NOT pay for rental cars. Travelers drive or fly to the site and we will pay the most cost effective route.

1. Will you fly or drive to the Externship site? Yes or No
2. If flying, then nearest Major airport to your school? Identify Nearest Major airport
3. If flying, then nearest Major airport to the externship site? Nearest Major Airport

Estimate your ability to stay within the $2,000 budget:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Rate** | **Factor** | **# days** | **Total** |
| Per Diem Travel to site | $51/day | 0.75 | 1 | $38.25 |
| Per Diem Travel from | $51/day | 0.75 | 1 | $38.25 |
| Per Diem daily | $51/day | 1.0 | Full # days |  |
| Hotel Daily @ Fed. Gov rate or less | Look up at [www.gsa.gov](http://www.gsa.gov) | 1.0 (sharing=1/2) | # nights |  |
| Hotel Daily tax | Ask hotel | 1.0 (sharing=1/2) | # nights |  |
| IF Flying | Estimate cost | 1.0 | N/A | Claim lesser of driving or flying cost-not both |
| IF Driving | $0.535/mile | 1.0 | # miles RT | Same as above |

($2K limit) TOTAL: \_\_\_\_\_\_\_\_\_\_