

Pu`ulu Lapa`au

Hawaii Program for Healthcare Professionals

200 North Vineyard Boulevard

Building B, Suite 271

Honolulu, Hawaii 96817

Tel: (808) 593-7444 • Fax: (808) 593-8999

Website: www.hawaiiphp.org

Program Participant Travel Request Form

Name: _____ Date: _____

Reason(s) for Travel (check all that apply):

Business trip

Conference

Training

Pleasure

Other: _____

Departure Date: _____ Return Date: _____

Travel Destination(s): _____

Contact Phone: _____

Notes:

Travel Requests must be received no later than 2 business days before departure, and must receive approval by a Medical Director. Pu`ulu Lapa`au reserves the right to deny travel requests. If Program Participant requires drug testing, Program Participant is responsible for informing Recovery Trek of travel plans, and arranging for test sites. Form may be emailed to maryann.lentz@hawaiiphp.org or faxed to 808-593-8999. If you have any questions, please contact us by phone or email.

For Office Use Only:

Date Received: _____