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.

Submit form by:
e-mail: kori@hawaiiphp.org OR **fax:** 808-593-899 OR **upload**: hawaiiphp.org/forms

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For Office Use Only: Date Received: _____