

# INTEROFFICE MEMO



**DATE:**

**PHONE:**

**FROM:** ALLAN RAWLAND, MSW, ACSW, Director  
Department of Behavioral Health

**TO:** CAO

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**SUBJECT:** JUSTIFICATION FOR OUT-OF-STATE TRAVEL

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**NAME OF EMPLOYEE(S) TRAVELING:**

**DATE(S) OF TRAVEL:**

**DESTINATION:**

**PURPOSE OF TRAVEL:**

**TOTAL COST:**

**ACCOUNTING CODES:** AAA- MLH- MLH- 2140- Trainings

**COST CENTER #:**

**JUSTIFICATION:**