



## TRAVEL AUTHORIZATION FORM

NAME OF STAFF TRAVELLING:	JOB TITLE:
DEPARTMENT:	DUTY STATION:
TRAVEL DESTINATION:	DATE OF TRAVEL:
	TIME FOR DEPARTURE:
ESTIMATED TIME TO BE TAKEN (TO AND FRO)	ESTIMATED TIME OF RETURN (TO AND FRO)

REASON FOR THE TRAVEL:

Insurance

Requested by \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

HOD's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

General Manager \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

HR Approval \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_