



Travel Authorization

Name of Employee:

Number:

Position Title:

Position Level:

Date:

From		To		Mode of Travel	Halt At	Purpose
Station	Date	Station	Date			

Estimated Traveling Expenses:
Advance Required :
Sanctioned/Recommended.

Tr. Advance Outstanding
Since (date)

Advance of Nu.

(Signature of employee)
Date

(Signature & Seal, Head of Finance)
Date

(Signature & Seal, Controlling Officer)
Date