



Travel Authorization

Authorization No:

Name of employee:

Number:

Designation:

Grade:

Date:

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

Estimated Travelling Expenses (Nu):

Advance requested (Nu):

Name/Signature of employee

Name/Signature of Finance Head

Name/ Signature unit Head

Date:

Date:

Date:

Proposed Tour Approved/Not approved

Advance Approved/ Not Approved

CEO



Travel Allowance

Name of employee:

Number:

Designation:

Grade:

Date:

Travel Authorization Date & Number:

Departure			Arrival			Allowance (DSA)		Milage		Purpose
Date	Time	Station	Date	Time	Station	Daily Allowance	No. of Days	Per KM	No of KM	
Advance Taken (Nu):										
Travel is performed for official Purpose and claims are genuine										
Dated Signature of Employee										
The travel is approved and the claims are genuine										
Dated Signature of Unit Head/CEO										