



Travel Authorization & Allowance

Name of Employee:

Number:

Designation:

Grade:

Date:

From (Departure)		To (Arrival)		Mode of Travel	Halt At	Allowance (DSA)		Mileage		Total Nu.	Purpose
Station	Date	Station	Date			Daily Allowance	No. of Days	Per KM	Total KM		
Total (DSA) Nu.											

Travel is performed for official Purpose and claims are genuine

Signature of employee

Name/Signature of Finance Head

Date:

Date:

Proposed Tour Approved/Not approved

Chief Executive Officer