

### TRAVEL AUTHORIZATION FORM

Name of Traveller  Employee ID

Department  Phone No

Date of Travel from  to

Departure Time  AM/PM Return Time  AM/PM

Destination

Purpose of Travel

Mode of Travel :  Company Car

Date : \_\_\_\_\_

Approved by :  
\_\_\_\_\_  
Managing Director  
Date :

Approved by :  
\_\_\_\_\_  
Chairman  
Date :

