

# Official Trip Authorization

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Name of Employee: \_\_\_\_\_  
Position: \_\_\_\_\_  
Department/Unit: \_\_\_\_\_  
Employee ID: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_  
Destination(s): \_\_\_\_\_  
Departure Date: \_\_\_\_\_  
Return Date: \_\_\_\_\_  
Mode of Transportation: \_\_\_\_\_

## Trip Details / Activities

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Advance Requested: ☐ Yes ☐ No  
If Yes, Amount: \_\_\_\_\_  
Notes/Remarks: \_\_\_\_\_

Requested by: \_\_\_\_\_  
Date: \_\_\_\_\_  
Authorized by: \_\_\_\_\_

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