

# 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:

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

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