

## Travel Authorization Form

1.) Name of Employee: \_\_\_\_\_

2.) Name of Department: \_\_\_\_\_

3.) Purpose of Travel:

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4.) Destination: \_\_\_\_\_

5.) Number of Days in Travel Status: \_\_\_\_\_

6.) Source of Funds: \_\_\_\_\_

7.) Itinerary while in Travel Status:

Date	Location	Telephone Number

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Signature of Employee

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Signature of Appointing Authority

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Signature of Director

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Gilbert A. Montaña  
Chief Administrative Officer

7\YW One:      Approved      Disapproved