

Conference Travel Authorization Document

Employee Name: _____
Employee ID: _____
Position/Title: _____
Department/Unit: _____

Conference Name: _____
Conference Dates: _____
Conference Location: _____
Purpose of Attendance: _____

Travel Dates (From - To): _____ to _____
Mode of Transportation: _____
Estimated Total Cost: _____
Funding Source(s): _____

Cost Breakdown

Registration Fee: _____
Transportation: _____
Accommodation: _____
Meals: _____
Other (specify): _____

Requested by (Employee Signature)

Date: _____

Approved by (Supervisor/Manager)

Date: _____

Important Notes

- All sections must be completed before submission.
- Attach supporting documents (invitation, agenda, etc.) if applicable.
- Authorization must be obtained before making any non-refundable bookings.
- Adhere to your organization's travel policy and procedures.
- Keep a copy of the approved form for your records.