

Government Travel Expense Authorization

Document No.:	_____	Date:	____/____/____
Employee Name:	_____		
Department/Agency:	_____	Employee ID:	_____

Travel Details

Purpose of Travel:	_____		
Destination(s):	_____		
Departure Date:	____/____/____	Return Date:	____/____/____
Mode of Transportation:	_____		

Estimated Expenses

Expense Item	Description	Estimated Amount
Transportation	_____	â,±_____
Accommodation	_____	â,±_____
Meals	_____	â,±_____
Other (Specify)	_____	â,±_____
Total Estimated Expenses		â,±_____

Approval

Requested By:	_____	Date:	____/____/____
Approved By:	_____	Date:	____/____/____
Position/Designation:	_____		

Important Notes:

- All required fields must be completed before submission for approval.
- Attach supporting documents (e.g., itinerary, invitation, cost estimates) where applicable.
- Approval must be obtained *prior* to any expenditure or travel arrangements.
- Actual expenses incurred must be supported with official receipts for reimbursement.
- This form is subject to government travel regulations and auditing policies.