

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.