

Travel Authorization Form

1.) Name of Employee: _____

2.) Name of Department: _____

3.) Purpose of Travel:

4.) Destination: _____

5.) Number of Days in Travel Status: _____

6.) Source of Funds: _____

7.) Itinerary while in Travel Status:

Date	Location	Telephone Number

Signature of Employee

Signature of Director

Signature of Deputy Mayor

Jeffrey P. Hebert
Deputy Mayor/Chief Administrative Officer

7\YW One: Approved Disapproved