

**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 Appointing Authority

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Joseph W. Threat, Sr.  
Chief Administrative Officer

7\YW One:      Approved      Disapproved