

Travel Authorization Form

- 1.) Submission Date: _____
- 2.) Name of Employee: _____
- 3.) Name of Department: _____
- 4.) Essential Travel Category: _____
- 5.) Purpose of Travel: _____

- 6.) Destination: _____
- 7.) Number of Days in Travel Status: _____
- 8.) Source of Funds: _____

9.) Itinerary while in Travel Status:

Date	Location	Transportation/Lodging Details	Contact Information

Signature of Employee

Signature of Appointing Authority

Signature of Director

Joseph I. Giarrusso III
Chief Administrative Officer

Signature of Mayor

Check one: Approved Disapproved

- Attached Supporting Documents:
- Airfare Documentation
 - Lodging Documentation
 - Registration Fees
 - Essential Travel Justification
 - Ground Transportation
 - Per Diem Calculation
 - Sales Tax Documentation
 - Vehicle Authorization
 - Board of Ethics Approval, if applicable