



TRAVEL APPROVAL FORM

NAME : _____

DEPARTMENT: _____

STAFF NO : _____

DESIGNATION : _____

TRAVEL INFORMATION

TRAVEL DATE & TIME :

DESTINATION/S :

TRAVEL DATE & TIME :

TRAVEL DATE & TIME :

TRANSPORTATION

MODE OF TRANSPORT : OWN CAR/ DRIVER / CAR POOL / FLIGHT / TAXI

PETROL / MILEAGE : KM@ PER KM :

FLIGHT COST : BUSINESS CLASS / ECONOMY CLASS

ACCOMMODATION

HOTEL :

ROOM TYPE : SINGLE / DOUBLE

CHECK-IN DATE :

CHECK-OUT DATE :

NO. OF NIGHTS :

RATE :

TRAINING / MEETING / APPOINTMENTS

DATE	TIME	CLIENT	PURPOSE OF VISIT	REMARKS

.....
SIGNATURE & DATE

.....
APPROVED BY MANAGER / COO

NOTE: This form is to be completed and submitted to the admin at least 1 day before travel

**KUISCELL**
THE CELL OF WISDOM

NO.	DESCRIPTION	OFFICIAL STAMP
	NAME : DATE : TIME : PURPOSE :	
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